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ABSTRACT

Noting that over half of Philadelphia's public school students score in the bottom quarter in standardized mathematics and reading tests, the United Way of Southeastern Pennsylvania, in cooperation with the City of Philadelphia and School District of Philadelphia, conducted a year-long planning process to craft an action plan. The planning process involved original research, community engagement, and extensive information gathering. This report details the resulting action plan and summarizes research commissioned for the project. Part 1, "Why School Readiness Is a Critical Issue," defines school readiness and details an approach to improving school readiness. Part 2, "The Philadelphia Story: An Assessment of Services and Need," identifies areas of success in meeting the needs of young children and their families as well as gaps in providing high quality readiness services. Part 3, "A Vision for Improving School Readiness: Recommendations" details recommendations in five areas: early care and education; health care; public engagement of parents; parent involvement, education, and support; and systems coordination. For each recommendation, possible strategies are delineated, costs are estimated, and community responsibility outlined. Part 4, "Summaries of Research Commissioned for the Project," presents findings of studies of child care quality in Philadelphia, parenting education and support, and a survey of Philadelphia families regarding their use and need for early care and education, health care, and parenting education and support services. Part 5 concludes the report with a series of maps showing the locations of services in various sections of Philadelphia; this part also lists acknowledgements. (Contains 41 endnotes.) (KB)

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# Early to Rise:
# Improving the School Readiness of Philadelphia's Young Children
## A Report of the Improving School Readiness Project
## [with]
## Executive Summary

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M N O P Q R S T U V W X Y Z A B C D

A report of the Improving School Readiness Project

United Way of Southeastern Pennsylvania, City of Philadelphia, School District of Philadelphia, November 2001

# EARLY TO RISE: Improving the School Readiness of Philadelphia's Young Children

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"IT IS EASIER TO BUILD STRONG CHILDREN

H THAN TO REPAIR BROKEN MEN AND WOMEN "

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# PART Why School Readiness Is a Critical Issue

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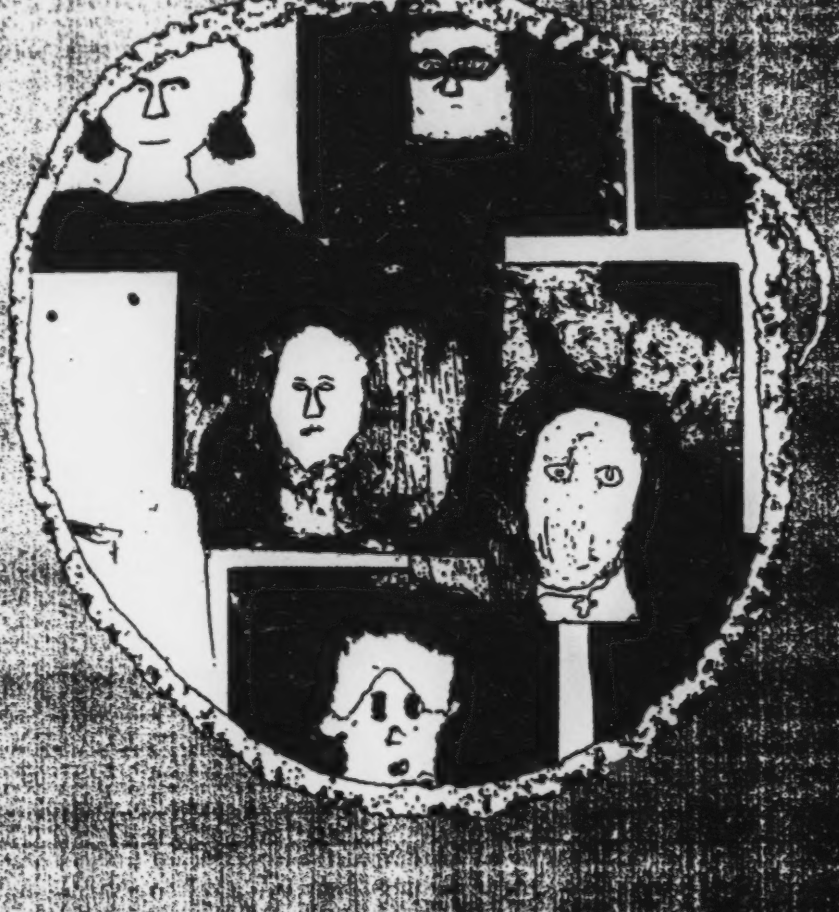

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## EDUCATION AND ECONOMICS

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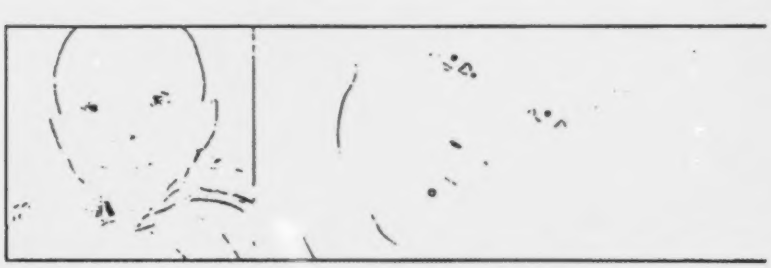
America is in an educational crisis. Among industrialized nations, the United States ranks 16th in eighth grade science scores, and 17th in eighth grade math scores.[1] The high school dropout rate among 16 to 24 year olds is 11.2 percent.[2]

The statistics are even starker in Pennsylvania and in Philadelphia. Pennsylvania ranks 27th in the nation in its high school graduation rate (84.1 percent). Only 61.2 percent of Philadelphia high school students who enter ninth grade graduate after six years.[3] Over half of Philadelphia public school students score in the bottom quarter in standardized math and reading tests.[4]

In Philadelphia, the consequences for high school dropouts are severe.

- Forty-six percent of adults without a high school degree live in poverty compared to 14 percent of those with a high school degree or higher.

- Adults who have not achieved a high school degree are twice as likely to report experiencing the highest level of stress compared to those with a high school degree or higher (18.5% versus 9%).[5]



Many factors contribute to lack of success in school. A key ingredient of school success is school readiness supports for our youngest children. A decade of research on early brain development supports this approach. "From birth to age 5, children rapidly develop foundational capabilities on which subsequent development builds. In addition to their remarkable linguistic and cognitive gains, they exhibit dramatic progress in their emotional, social, regulatory and moral capacities. All of these critical dimensions of early development are intertwined, and each requires focused attention."[6] "Recent research on early brain development has shown the critical role of children's environments. Skills that allow one to problem solve and think creatively are developed in early childhood education settings and nurtured through community and parental involvement."[7]

The significance of early childhood development is bolstered by observations from kindergarten teachers. The Carnegie Corporation of New York reports that as many as one-third of American children entering kindergarten need additional support to keep up with their peers.[8] Ample evidence supports the idea that "the importance of preparing children to succeed in school is critical. The role of education in a child's later ability to create a healthy, fulfilling life has been well documented."[9] Children who are ready for school do better on a number of key measures, such as school attendance and achievement, social and emotional health and well-being, high school graduation and continued participation in higher education.[10] Optimal development during this period provides the best possibility for lifelong success in school and beyond.

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Providing the opportunity for success to every child living in Philadelphia is also an economic issue for our city and our state. In Pennsylvania, young people are leaving the state because we cannot offer them good jobs. We are not attracting good jobs because employers don't believe we have the brainpower to sustain them.[11] Educational improvement beginning with our youngest children (0-5 years of age) and continuing throughout their education will strengthen our future workforce.

Education and economics are two reasons to address school readiness. The safety of our communities is another. In Philadelphia, there has been an increase in the number of youth arrested for delinquent behavior.[12] Assaults inside Philadelphia public schools have risen 31 percent since 1997.[13] Recent longitudinal evidence reveals a decreased rate of crime and delinquency among children participating in high quality early care and education.[14]

## DEFINING SCHOOL READINESS

Across the country scientists, educators, academicians, political leaders, business leaders and parents agree that the ability of children to succeed in school requires greater action to support families with young children from birth to the beginning of kindergarten. Indeed, in 1994 Congress enacted Goals 2000: Educate America Act, which defines three key elements of school readiness:

- **Readiness in children,** including physical well-being and motor development, social and emotional development, language development, cognition and general knowledge, and approaches to learning;
- **Readiness of schools,** including smooth transition between home and school, continuity between early care programs and elementary school; and
- **Family and community supports,** including access to high quality pre-school programs, parents who devote time each day to helping their children learn, and have the support and training they need to do this.[15]

## ABOUT THE IMPROVING SCHOOL READINESS PROJECT

Troubled by the prospects for achievement by Philadelphia's children, and encouraged by scientific reports showing the enormous and positive impact of early learning for children, the United Way of Southeastern Pennsylvania, in cooperation with the City of Philadelphia and the School District of Philadelphia, took action. The Improving School Readiness Project conducted a year-long planning process, which included original research, community engagement and extensive information gathering, resulting in a community plan for improving the school readiness of Philadelphia's youngest children, birth to five years of age. We envision a community in which every effort is made to advance young children's language, emotional, social, cognitive, and physical development.

This community plan is a catalyst for action focusing on three core school readiness services: early care and education, health care, and parenting education and support. We considered dozens of thoughtful, substantial recommendations for improving services. This plan presents sixteen of them. An executive summary as well as this report is available. A report supplement provides the original research and additional detail.

In crafting this plan, the project sought to be systematic and broad in scope. Over 300 parents, providers, and key community leaders were tapped for their knowledge and insight. Administrative and other databases were studied. Original research was commissioned. Philadelphia's levels of availability, quality, and accessibility in the three core school readiness service areas of early care and education, health care and parenting education and support were carefully assessed.

- ***The Philadelphia 1000 Family Survey.*** The project commissioned a random representative survey of 1000 Philadelphia families with young children, birth to five years of age. The survey was designed to find out current use of early care and education, health care, and parenting education and support services, and to learn more about what parents want and need for their young children.

- ***The Philadelphia Child Care Quality Study.*** The project commissioned a survey of quality at 208 early care and education settings representing the range of Philadelphia's programs. The study included informal care provided by relatives or neighbors as well as formal center-based and Head Start programs.

- **Community Forums with Children's Providers and Advocates.** Four neighborhood forums attracted hundreds of children's providers and advocates who shared their assessment of strengths and gaps in services, and their recommendations for improvement.

- **Focus Groups with Kindergarten Teachers and Pediatricians.** Pediatricians and kindergarten teachers participated in separate focus groups to contribute their insights about child and family needs, service gaps, and recommendations for improvements.

- **Perspectives from Key Community Leaders.** The project conducted interviews with community leaders, elected officials, academicians, labor leaders, business leaders and state officials. A planning committee comprised of leading local leaders helped to guide the process.

- **National Advisory Panel.** The project convened an advisory group of national experts on school readiness to provide insight and guidance.

- **Parenting Best Practices.** The Philadelphia Department of Human Services engaged a leading social science research firm to study the best practices in parenting support and education.

- **Assessment of Service Availability and Indicators of School Readiness.** The project gathered extensive local, state and national information about services and indicators.

## AN APPROACH TO IMPROVING SCHOOL READINESS

Early care and education, health care and parenting support are the basic ingredients of improving school readiness. When these services are of high quality and appropriately focused they can improve the ability of all our children to succeed in school.

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**Early Care and Education** is the term used throughout this report to describe the various programs that parents use to care for and educate children from 0-5 years of age. People also refer to these services as child care, day care, Head Start, nursery school, pre-school or early childhood education.

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**Early Care and Education.** Thirty years of rigorous research has documented the impact of quality early childhood education and care on positive school outcomes for children. The landmark Abecedarian study, the High/Scope Perry Preschool project[15], the Cost-Quality Study[17], and a 2000 evaluation published in the Journal of the American Medical Association[18] document the substantial long term benefit for children who participate in a quality early education program.

The mediocre quality of most of America's early childhood education programs has also been well documented. One major study indicated that only 1 in 7 child care programs promoted healthy child development, while 7 in 10 were mediocre and 1 in 8 posed immediate threats to the health and safety of their children.[19]

**Health Care.** Good health is another basic element of school readiness for young children. Unresolved behavioral and physical health care needs have significant consequences for children's development, their behavior, the quality of relationships they have with family and caregivers, and their success in school.

**Parenting.** Parents are the most important influences of all. Supporting parents with the information and services that they need to provide for their children is a critical feature of improving school readiness. Scientific knowledge about child development has found that infants can be depressed and that babies begin taking in and remembering their worlds from a young age. Parents often don't know these facts and don't get help adjusting their own behavior in response.[20]

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**What Parents Want For Young Children:** Parents of young children in Philadelphia are overwhelming in their support for improving early education opportunities for all young children. Our Philadelphia 1000 Family Survey found that:

- Eighty-five percent of parents of young children support programs directed at all families with young children, regardless of income, that would raise educational standards for child care and pre-school programs;
- Eighty-two percent of parents of young children believe it is important for low-income children to attend high quality child care to succeed in school; and
- Eighty-two percent of parents value Head Start and support expansion.

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# PART TWO

## The Philadelphia Story: An Assessment of Services and Need

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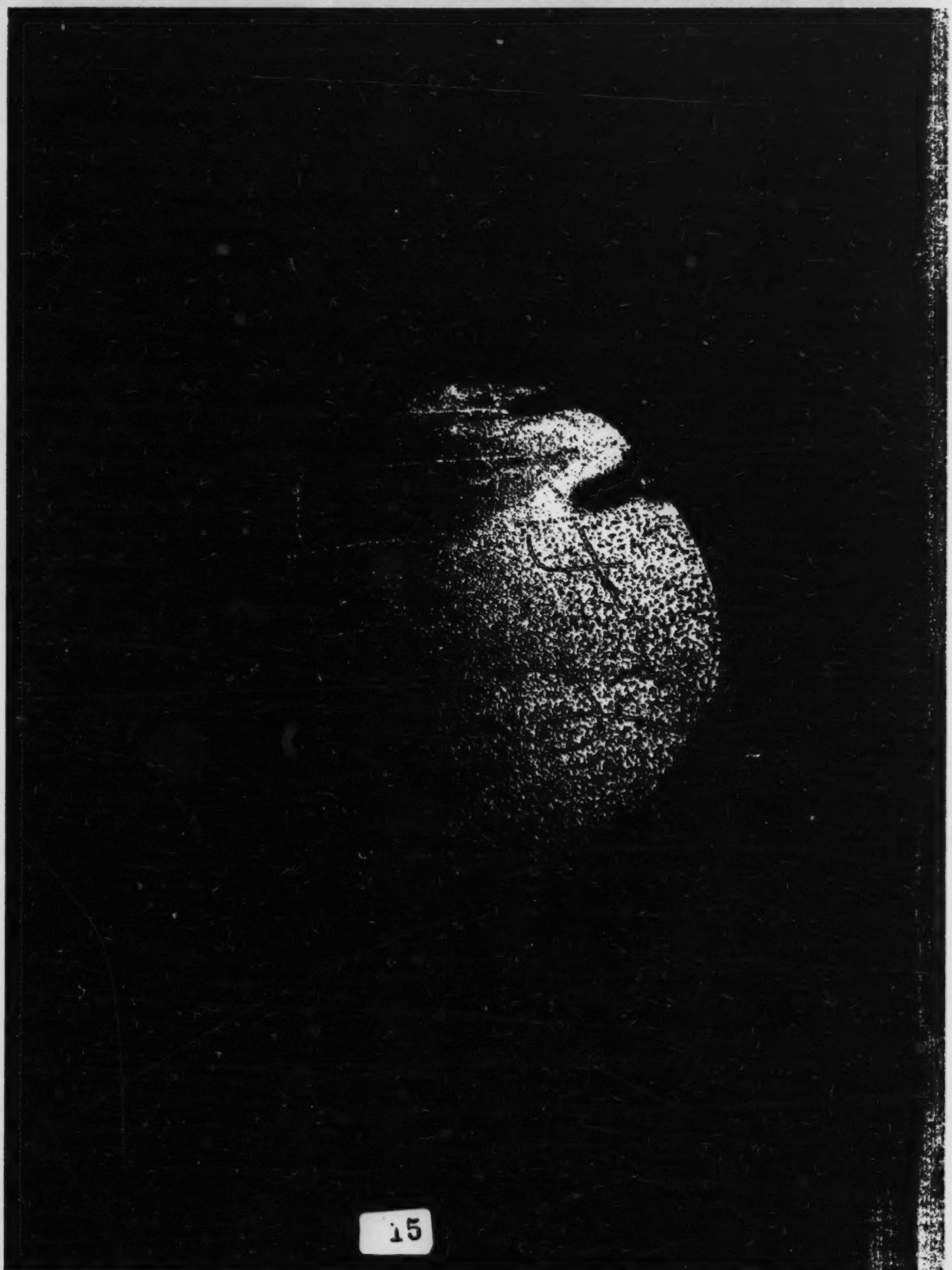

**Where is Philadelphia succeeding for its young children and families? Where are the gaps in providing high quality school readiness services that can make the difference for the future of our children?**

The table below provides an overview of the economic conditions of Philadelphia's young children and families, underscoring risk and need.

**Table 1: Philadelphia's Young Children and Their Economic Conditions"**

**Number**

- 98,000 children under the age of five live in Philadelphia.
- Children 0-5 comprise 23% of the City's population of children.

**Public Investment**

- Children 0-5 receive 10% of the total public investment of funds in children's services.

**Family Wealth and Poverty**

- Children 0-5 are poorer than the general population and children 6-17.
  - 22% of all Philadelphia residents live below the federal poverty line.
  - 33% of Philadelphia's children under 18 are living in families with incomes below the poverty line.
  - 46% of children under five live below the federal poverty line of $17,650 for a family of four.
- 69% of children under 5 live at 200% of poverty, $35,300 for a family of four.
- Median household income in Philadelphia is $28,897.

**Parental Work**

- Most mothers are employed, even when their children are very young.
  - 74% of mothers of four and five year old children are working.
  - 71% of mothers of young children are working, on balance, 32 hours a week.
  - 61% of mothers of one year old children are working.

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## EARLY CARE AND EDUCATION

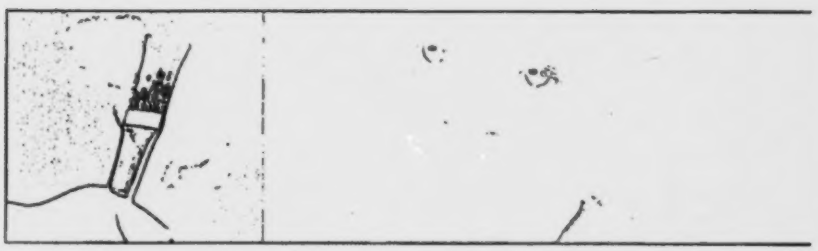
Philadelphia parents are using a fractured set of early care and education services. They are dissatisfied with their choices: nearly 65 percent of parents of young children report difficulties finding early childhood education that they can afford and that is of high quality. Lower income, African-American and Latino families are the most dissatisfied. Latino families are not likely to use formal care and are unaware that Pennsylvania's Child Care Works program helps to pay for child care.[12] This is not surprising; many parents do not know about or have trouble navigating complex Child Care Works eligibility and enrollment process.[13]

Parents use many forms of early care and education, ranging from relatives to early care and education centers. There are dramatic differences for babies and toddlers (0-2 years of age) compared to preschoolers (3-5 years of age). Forty-four percent of Philadelphia's infants and toddlers are cared for by parents, 27 percent by other relatives, 21 percent by formal child care centers and 9 percent in other home-based arrangements (informal or formal family child care). In contrast, pre-schoolers, aged three to five, are moving into centers and away from parental and relative care. Sixty-three percent of preschoolers are in a formal center-based program, with 21 percent home with parents, 11 percent in relative care, and 5 percent in another home-based setting (informal or formal family child care).[14] This is consistent with a recent survey of parents of kindergarten children in Philadelphia by the School District of Philadelphia.[15]

Philadelphia parents tell us that more resources and training make a difference in quality, according to the *Philadelphia 1000 Family Survey*. Parents appear to prefer center-based early childhood education and care, regardless of age, if they believe that quality has been improved.

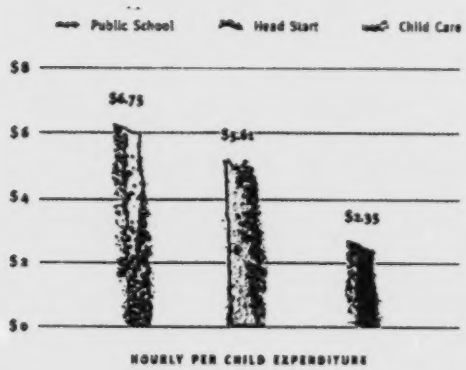
The search for quality early care and education is hindered by a gap in the capacity of the formal system. If all young children in Philadelphia's working families used formal early care and education, nearly 70,000 children would participate. The formal early care and education system would need to grow by 59 percent or by 26,000 slots. This number would rise significantly if early care and education provided in a formal setting were seen as a core "school readiness" service that aids early childhood development and enhances school readiness and should be made universally available to every young child living in Philadelphia.

Our assessment of the quality of the early care and learning environments available to the City's youngest children sheds further light on community and family needs and preferences. The project commissioned Elizabeth Jaeger, Ph.D., of Saint Joseph's University to assess quality in Philadelphia's early care and education settings. Jaeger's *Philadelphia Child Care Quality Study* found that the individuals who are working with young children are sensitive to them. The overall quality needed to support child health and safety as well as school readiness (i.e. language acquisition, reading readiness, age-appropriate socialization and emotional growth) is insufficient. More assistance is necessary to provide a good, appropriate level of early care and education. Important to the strategies recommended by this report, informal caregivers—while at the same level as everyone else in terms of sensitivity to children—were significantly less able to provide young children with core health, safety or child development services and environments that are critical to improving school readiness.[25]



While the reasons for the overall minimal quality of Philadelphia's programs are complex, nearly all can be traced back to the extraordinarily poor funding base for early care and education. The costs of programs are borne by parents or in some cases by low levels of public payments through subsidy and/or Head Start. The two dominant programs of public assistance are Head Start, serving families with incomes to the poverty line, and Pennsylvania Child Care Works, serving families with incomes up to double the poverty line. Providers receive too little money on a per child basis to recruit, pay, and retain qualified professionals and to assure stimulating, caring learning environments for our youngest children. Even though costs that parents pay do not adequately support the programs, they are still high for parents. A Philadelphia parent of a preschooler would expect to pay an average annual fee of $5,512 per child, which is 19 percent of median family income. This translates to $2.35 per hour of care. By contrast, Head Start receives an allotment of $5,784 per child for 9 months of 6.25 hour days. Head Start receives more than twice the funding of child care, $5.61 an hour, to deliver its services.[17] This is low when compared to spending by Philadelphia schools, which many consider underfunded. For school aged children, the Philadelphia public school system operates with per pupil expenditures of $7,669 for 9 months of 6.75 hour instructional days, which translates to $6.27 per hour.[18]

**Chart 1: Funding Discrepancy**



Early care and education programs do seek to supplement parent fees and public funding with other sources. A limited number are successful. Only 7 percent of programs raise more than 10 percent of their income from sources other than fees."

The financing problem prevents early care and education programs from paying their staff adequate salaries and benefits, purchasing appropriate equipment and supplies, and otherwise operating on a stable basis with both the human and physical resources necessary to do well by the children entrusted to them.

**Table 2: Early Care and Education**[20]

**AVAILABILITY**

**Number of Programs**

679 Centers and Group Day Care Homes
721 Family Day Care Homes
111 Head Start Sites
18 Parent Cooperative Nurseries
24 Private Academic Nurseries

**Number of Children**

- 44,000 of 98,000 young children in Philadelphia can enroll in a formal early care and education program.

**Key Findings from Original Research Commissioned by the Project**

- 65% of parents report that affordable high quality child care is difficult to find; Latino, African-American and low-income parents are disproportionately affected.
- 22-25% of Philadelphia children enter kindergarten without any early childhood education experience.

Use of Early Care and Education

- 0-2 year old children
  - 44% are cared for by parents
  - 27% are cared for by a relative
  - 21% are in center care
  - 9% are cared for by a non-relative
- 3-5 year old children
  - 63% are in center care
  - 21% of are cared for by parents
  - 11% are cared for by a relative
  - 5% are cared for by a non-relative
- All 0-5 year old children
  - 37% are in center care
  - 35% of children are cared for by parents
  - 11% are cared for by a relative
  - 7% are cared for by a non-relative

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## Table 2: Early Care and Education[39] (continued)

**QUALITY**

**Accreditation**

- 2% of child care centers meet high voluntary quality standards of accreditation.
- 5% of family day care homes meet high voluntary quality standards of accreditation.

**Key Findings from Original Research Commissioned by the Project**

Quality Scoring for Center Based Settings

| | Overall | Interaction | Language and Reasoning | Activities | Program Structure |
|---|---|---|---|---|---|
| Excellent or good | 18% | 65% | 25% | 2% | 37% |
| Minimal | 75% | 29% | 66% | 67% | 51% |
| Inadequate | 6% | 6% | 10% | 31% | 12% |

No centers received an overall score of excellent.

Quality Scoring for Family Child Care (Regulated and Unregulated)

| | Overall | Basic Care | Language and Reasoning | Learning Activities | Social Development |
|---|---|---|---|---|---|
| Excellent or good | 4% | 0% | 12% | 2% | 16% |
| Minimal | 42% | 70% | 46% | 38% | 60% |
| Inadequate | 54% | 30% | 42% | 60% | 24% |

No family settings received an overall score of excellent.

- Improving the quality of early care and education raises the confidence level of parents and their willingness to use arrangements other than parental care.
- Early care and education teacher salaries average $16,556 in Pennsylvania.
- Home-based family day care businesses typically earn $9,300 in Philadelphia.



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**Table 2: Early Care and Education[39] (continued)**

| | |
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| **ACCESSIBILITY** | **Average Annual Cost to Parents**<br>$6,700 for an infant<br>$6,200 for a toddler<br>$5,500 for a pre-schooler<br><br>**Parental Cost Relative to Median Household Income**<br>23% for infant<br>21% for toddler<br>19% for pre-schooler<br><br>— It is estimated that nearly 19,000 young children, birth to five years of age, participate in Child Care Works. Child Care Works is available for families earning up to $35,300 or 200 percent of the federal poverty line (FPL) for a family of four.<br><br>— 6,500 3 and 4 year old children are enrolled in Head Start. Head Start is available for families earning below $17,650 (100% of the FPL).<br><br>— Nearly 70% of young children live in families meeting the income guidelines for Child Care Works or Head Start. |

## HEALTH CARE

Philadelphia has had a dedicated and focused approach to improving access to health care for children for the past 15 years. Several factors have made this approach possible. With a more than adequate supply of pediatricians, three children's hospitals, and several other major hospital networks serving children, primary and specialty care is widely available. Pennsylvania has provided national leadership in creating a health insurance safety net for children. With the provision of new federal funds in 1998, Pennsylvania was able to expand this safety net to provide coverage to children living in families with incomes up to $41,447 (235 percent of the federal poverty level). Philadelphia's young children have also benefited from programs developed with Healthy Start funds, a major federal investment in reduction of infant mortality, and the provision of primary care through the city's eight family health care centers as well as fifteen federally qualified health centers, and eleven primary care nursing centers.

An ongoing biennial study of health trends in the Philadelphia region shows the positive impact of Philadelphia's approach to children's health. Overall, young Philadelphia children receive routine and continuous health care. Parents of young children report high levels of health insurance (95.8 percent), a regular source of health care (94.5 percent), regular contact with a pediatrician within the past year (98.3 percent), and a routine exam within the past six months (79.3 percent).[31] Data from the *Philadelphia 1000 Family Survey* is consistent. Ninety-six percent of the families report that they take their children to a regular source of care for routine health care. Of this group, 63 percent of children are seen in a doctor's office, 18 percent are seen by a doctor in a hospital, 11 percent go to the emergency room, 6 percent are seen in community health centers and 2 percent are seen in city health centers. Income level is a significant factor in where children are brought for routine care. The poorest families are using city and community health centers while the wealthiest families in Philadelphia are more likely to use a doctor's office for routine care for their children.[32]

Basic resources are sufficient, but the health status of Philadelphia children is still far from ideal. Immunization levels have improved, but are still not high enough at 81-83 percent of young children immunized on time.[33] Although Philadelphia has made progress in insuring children, our goal must be to insure 100 percent of Philadelphia children. There are still significant numbers of uninsured children who are probably receiving only episodic care or routine care through the emergency room. Progress in insuring children in Philadelphia was undermined with early welfare reform activities, as many families leaving welfare were not informed about how to maintain their children's Medicaid coverage. State actions to correct this problem have helped, but enrollment still lags behind pre-welfare reform levels.

Although primary care access is generally good, state data indicate that there remains a group of children who, despite insurance, do not access basic services. Information on who these children are and why they are missing out on health care is not currently available. Lack of understanding inhibits progress in reaching these children. Moreover, in no small part due to Philadelphia's overall poverty, serious conditions such as lead poisoning and asthma are critical problems. Experts also report an inadequate supply of dentists to serve low-income children, and school screening reports show high rates of dental problems among low-income children.[34] Finally, whether health care practitioners or others are involved with school readiness delivery, we heard from health professionals that there was insufficient time or financing to use pediatric visits to better inform parents about child development.

## Table 3: Health Care"

### AVAILABILITY

**Number of Sites**

3 children's hospitals
26 hospitals with primary pediatric practices
15 federally funded health centers
11 nursing centers
9 hospitals with prenatal care
8 city health centers

**Behavioral Health**

- 1629 children 0-5 receive behavioral health services through the Medicaid program.

**Early Intervention for Children with Severe Developmental Delay**

- 4400 young children are participating in Early Intervention services:
  1600 are birth-3 years, receiving services from 30 providers
  2800 are 3-5 years, receiving services from 16 providers

**Key Findings from Original Research Commissioned by the Project**

- 96% of families report that their young children have a regular source of health care.
- 35% of families of 3 and 4 year olds report that their children have never seen a dentist.

### QUALITY

- 12 of 15 HMO's meet high voluntary standards of accreditation.
- 16% of children screened have lead poisoning.
- 11% of parents report that their young children have asthma.

### ACCESSIBILITY

- 73,000 children under 5 are enrolled in Medicaid.
- 3,439 children under 5 are enrolled in CHIP.
- Families of four with an income of up to $41,447 (235% of the federal poverty line) are eligible for Medicaid or CHIP.

**For Medicaid enrolled children:**

- 85% of 15 month olds had three or more doctor visits.
- 93% of 12-24 month olds had at least one primary care visit.

- There has been a 100% increase in CHIP enrollment since 1996.

**Key Finding from Original Research Commissioned by the Project**

- 97% of families report that their young children are covered by health insurance.

## SUPPORTING PARENTS AND FAMILIES

Parents play the most important role in raising their children. Changing demographics mean that parents do not have the support from extended family on which earlier generations depended. However, parents want a place to turn to for support and advice. Many organizations, located throughout Philadelphia's neighborhoods, are providing parenting education and support services to parents. Often parenting education and support services are provided as a response to a crisis (e.g., when parents are brought into the child welfare system due to child abuse and neglect allegations).

Various approaches have been used in parenting support and education programs. Parents can receive educational materials on healthy child development and care, they can attend presentations on parenting issues, and they can receive support and information through regular meetings in a variety of different settings. To date there is no agreed-upon model for parenting education and support. Further, unlike early childhood education, which has a set of agreed-upon standards to measure quality, there is no agreement on a set of standards for parenting education and support services.

In this regard, Philadelphia is no different from the rest of the country. Abt Associates, a nationally recognized social science research firm, was engaged by the City's Department of Human Services as part of this project, and provided recommendations for parenting education and support programs most likely to support school readiness. Abt Associates conducted a national meta-analysis, using 351 studies of 190 parent support and education programs in which the program evaluation conducted met rigorous scientific standards. The analysis is sobering. Many of the programs did not have an effect on parent knowledge about child development, attitudes towards child rearing, or behavior with children. Almost two-thirds had no effect on family functioning. More than half of the programs had little or no effect on children's social and emotional development, cognitive development, school performance or on their safety.

Positive outcomes for parents were found more often in programs that used professional staff; provided opportunities for parents to meet in support groups and provided opportunities for peer support; and worked with parents of children with special needs. Programs with these characteristics are associated with larger effects on parents' attitudes towards and knowledge of child-rearing and child development; these programs also have larger effects on children's cognitive development. The researchers infer that parenting support provided in a high trust, low stigma environment will have the greatest impact. They recommend that practitioners make sure that parents define the goals for their participation, and that parenting support include a focus on behavior change, not just attitude.

Parents who participated in the *Philadelphia 1000 Family Survey* told us that they have an interest in accessing parenting education and support. Most parents are relying on family and friends for information and support. Twenty percent participated in a parenting program in the past year, but 68 percent said that they would be interested. Parents are interested in having parenting education and support provided in the context of safe, trusting community institutions such as churches, early care and education centers, and doctor's offices.

Participants in the community forums had a uniform view of gaps that must be addressed to assist parents in better fulfilling their role. We learned that parents needed help in understanding developmental milestones. Services need to be connected to other activities and not provided on a stand-alone basis. Services should be offered on a non-crisis basis. Current parenting education services do not reflect the diversity of Philadelphia's cultural, racial and ethnic make-up. A network of parenting educators across disciplines is needed, along with improved professional development and defined standards for this work.

**Table 4: Parenting Support**[24]

**Number of Programs**

- 250 programs provide parenting education or support services.
- 19 schools report that they offer child development/parenting curriculum for children in primary grades.

**Key Findings from Original Research Commissioned by the Project**

- Parents seek advice from:
  56% Family
  55% Doctor
  26% Friends
- 20% of parents use formal parent support services
- 68% of families said that they were somewhat or very likely to go to a support group with other parents/families.
- If parenting services were more available, parents prefer to receive services at:
  48% School
  44% Health care setting
  37% Early care or education center
  37% Community of faith
- Programs that use professional staff and group meetings have the greatest impact on parenting behavior and child outcomes.

## COORDINATION OF SERVICES

The message from the over three hundred professionals and parents involved in this project: there is no systemic approach to school readiness across the three core service domains of early care and education, health care, and parenting education and support and care. There is strikingly little contact among professionals specializing in early education, health care, and parenting support, which leads to a significant lack of coordination. This is not much of a surprise as there are multiple infrastructures that have been created for services for children 0-5.

Opportunities to deliver comprehensive services are limited. Philadelphia's professionals identified service coordination challenges in the following areas:

**The gap between types of early childhood education, notably Head Start and child care.** Head Start is, in general, a part-time, part-year program serving about 6,000 pre-schoolers, and it enjoys higher funding levels relative to typical child care sites. With high numbers of parents of 3 and 4 year old children working nearly full-time, further coordination and integration is needed between Head Start and child care.

**Limited coordination between the school readiness services of early care and education and physical health care, children's mental health, and Early Intervention systems.** Lack of access to mental health services is emerging as a national crisis, particularly for very young children. Additional coordination and interaction is needed between the Behavioral Health system, set up by the City of Philadelphia to serve the mental health needs of low income Philadelphians; the Early Intervention system, which serves young children, birth to five years of age, with significant developmental delays; pediatric practices; and early care and education programs.

**Limited opportunities for cross-disciplinary training and discussion.** Providers within each of the school readiness service domains expressed concern about the lack of forums for early childhood professionals to interact on a regular basis. They are also concerned about their limited knowledge of school readiness services besides those that they personally deliver.

**Lack of a formalized process to assist children in the transition between early care and education and kindergarten.** There are limited opportunities for communication of school readiness expectations among kindergarten teachers, early care and education providers, and parents of children still in early care and education.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

# PART A Vision for Improving School Readiness: Recommendations

This report advances a bold and challenging vision for improving the school readiness of Philadelphia's young children. The commitment can be no less than assuring the readiness for school for 100 percent of Philadelphia's young children. In order to galvanize community support for the plan and to help achieve implementation, the plan is deliberately focused and is limited to sixteen critical recommendations in five areas:

- Early care and education
- Health care
- Public engagement of parents
- Parent involvement, education and support
- Systems coordination

The Planning Committee for this project recommended that the number one priority for implementation should be improvement of early education and care. While there is more work to be done in each of the core school readiness areas, the overall impact of quality early childhood education is so significant that it requires special emphasis.

Within each of the five core areas, implementation recommendations have been limited to a few major areas for which we believe there is an immediate and substantial opportunity for further progress and improved outcomes for children and the larger community. Early implementation should be targeted to Philadelphia's lowest-income children. These recommendations would require an initial investment of $560 million in years 2002-2005 and $980 million in years 2005-2010. Costs have been estimated only where adequate information is available to inform their development. A fuller discussion of recommendations, strategies, benchmarks and cost estimates is found in the Report Supplement.

**Table 5: Recommendations**

**CORE AREA: EARLY CARE AND EDUCATION**

Philadelphia's early care and education settings need significant resources to improve quality. The following recommendations are intended to strengthen both center and home based care so that parents and the community have high quality options for our children.

| Recommendations and Strategies | Cost | Community Responsibility |
|---|---|---|
| **1. Improve the quality of early care and education for all Philadelphia young children, birth to five.**<br><br>Promote use of standards and accountability to improve overall program quality, using accreditation and the ECERS/ITERS evaluation tool.<br><br>Tie public investment to improved quality performance.<br><br>Strengthen the capacity and stability of early care and education technical assistance organizations.<br><br>Improve the education and retention of early care and education teachers, including the expansion of the existing scholarship program known as T.E.A.C.H..<br><br>Simplify Pennsylvania's Child Care Works program. | **2002-05**<br>$27.3 million<br><br>**2005-10**<br>$107.8 million | **Implementers:**<br>Early care and education programs, early care and education technical assistance programs, institutions of higher education, public sector<br><br>**Funders:**<br>Public and private sectors |
| **2. Provide early learning activities for young children in relative/neighbor and home-based care by creating a new Philadelphia "playschool" initiative.** | **2002-2005**<br>$6 million<br><br>**2005-2010**<br>$60 million | **Implementers:**<br>Early care and education programs, multi-service community organizations<br><br>**Funders:**<br>Public and private sectors |
| **3. Make pre-school programs available for all 3 and 4 year olds.** | **2002-2005**<br>$468.6 million<br><br>**2005-2010**<br>$781 million | **Implementers:**<br>Public and private sectors<br><br>**Funders:**<br>Public, private sectors and parents |

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**Table 5: Recommendations** (continued)

*CORE AREA: EARLY CARE AND EDUCATION (continued)*

| Recommendations and Strategies | Cost | Community Responsibility |
|---|---|---|
| **4. Maximize financial resources to existing early care and education programs.**<br><br>Create a business support entity to improve access to operating support and capital for renovation and expansion. | 2002-05<br>$1.5 million<br><br>2005-10<br>$3 million | **Implementers:**<br>Business development organizations in conjunction with early care and education programs<br><br>**Funders:**<br>Public and private sectors |

**CORE AREA: HEALTH CARE**

These recommendations build on the strides that have been made in health care coverage for young children, recognizing that we will still need to insure 100 percent of Philadelphia's young children, assure access to health care, and improve the health status of all children.

| Recommendations and Strategies | Cost | Community Responsibility |
|---|---|---|
| **1. Target health insurance outreach, enrollment and service efforts to uninsured children, particularly Medicaid-eligible children and those whose families face barriers (such as language/cultural issues).**<br><br>Merge the application for Medicaid/CHIP with the application for Child Care Works, the state's subsidized child care program, and WIC, the federally funded child nutrition program.<br><br>Broaden the number of organizations actively engaged in enrolling uninsured young children in health insurance and assisting their families in maintaining their insurance status and using health services.<br><br>Ensure that all eligible young children at the City's district health centers apply for and receive appropriate insurance coverage. | 2002-05<br>$2.8 million<br>(Exclusive of administrative costs that would be borne by the state.)<br><br>2005-10<br>$2.25 million<br>(Since Medicaid and CHIP costs fluctuate with the economy this number is incomplete.) | **Implementers:**<br>Commonwealth of Pennsylvania, community organizations, health care providers, research organizations, health care insurers<br><br>**Funders:**<br>Public and private sectors |

**Table 5: Recommendations** (continued)

*CORE AREA: HEALTH CARE (continued)*

| Recommendations and Strategies | Cost | Community Responsibility |
|---|---|---|
| Develop and implement a study to identify which insured and uninsured children are not able to access basic primary care, in order to better serve them. | | |
| **2. Increase lead poisoning prevention and hazard removal activities.** | **2002-05**<br>$9.9 million<br><br>**2005-10**<br>(Ongoing costs would relate to the initial success of the effort.) | **Implementer:**<br>City of Philadelphia<br><br>**Funders:**<br>Public and private sectors |
| **3. Target at-risk children for preventive dental hygiene and early dental care, beginning at age one.**<br><br>A focus of the School Readiness Specialists (see Parent Involvement, Engagement and Support recommendations on page 31) located in health care settings will include dental care.<br><br>Enhance outreach and training to engage more general dentists in providing services under Medicaid and more parents in getting early dental care for their children. | **2002-05**<br>$4.95 million<br><br>**2005-10**<br>$8.25 million | **Implementers:**<br>Commonwealth of Pennsylvania; pediatric and dental community; local dental society<br><br>**Funders:**<br>Public and private sectors |

**CORE AREA: PUBLIC ENGAGEMENTS OF PARENTS**

Parents can be the strongest advocates for school readiness services. These recommendations are geared to mobilizing parents to promote school readiness for their own children and to take action.

| Recommendations and Strategies | Cost | Community Responsibility |
|---|---|---|
| **1. Invest in a community education campaign to inform parents about critical school readiness services and how their parenting role is part of school readiness.** | **2002-05**<br>$6 million<br><br>**2005-10**<br>$5 million | **Implementers:**<br>Non-profit sector<br><br>**Funders:**<br>Private and public sectors |

**Table 5: Recommendations** (continued)

*CORE AREA: PUBLIC ENGAGEMENTS OF PARENTS (continued)*

| Recommendations and Strategies | Cost | Community Responsibility |
|---|---|---|
| Launch public engagement campaign to help influence the environment for change in Pennsylvania. | | |
| **2. Engage parents as advocates for improved school readiness services for their children.** | **2002-05**<br>$1.9 million<br><br>**2005-10**<br>$3.2 million | **Implementers:**<br>Non-profit sector<br><br>**Funders:**<br>Private sector |

**CORE AREA: PARENT INVOLVEMENT, EDUCATION AND SUPPORT**

Parents want and deserve support in raising their children. These recommendations propose innovative steps to meet this need.

| Recommendations and Strategies | Cost | Community Responsibility |
|---|---|---|
| **1. Engage parents about child development through school readiness/child development specialists in high trust, low stigma settings such as health care practices, early care and education settings and communities of faith.** | **2002-05**<br>$29.7 million<br><br>**2005-10**<br>(Ongoing costs would relate to the initial success of the effort.) | **Implementers:**<br>Early care and education programs, pediatric health care programs, and other community-based organizations delivering services to families with young children in high-trust, low-stigma settings<br><br>**Funders:**<br>Public and private sectors |
| **2. Incorporate parenting and child development curriculum in schools.** | **2002-05**<br>$600,000<br><br>**2005-10**<br>$8.5 million | **Implementers:**<br>Schools in conjunction with child development experts<br><br>**Funders:**<br>Public and private sectors |
| **3. Provide parenting practitioners with systematic training and evaluation of their impact.**<br><br>The City's Department of Human Services will provide leadership for implementation. | **2002-05**<br>$750,000<br><br>**2005-10**<br>$1.25 million | **Implementers:**<br>City of Philadelphia<br><br>**Funders:**<br>Public sector |

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**Table 5: Recommendations** (continued)

**CORE AREA: SYSTEMS COORDINATION**

Throughout the community forums that were held as part of the planning process, participants identified a number of coordination of services problems that they stressed require concerted work to resolve. While the limitations of this project did not allow us to address these concerns in depth, we have included several recommendations that require additional analysis, planning, and action.

1. Develop a strategic action plan to integrate and coordinate Head Start and child care programs, taking advantage of the strengths of each.

2. Develop a strategic action plan to improve the linkages between Early Intervention services, Behavioral Health services, physical health services and early care and education services for young children.

3. Promote cross-disciplinary training for early childhood professionals, including physicians, nurses, social workers, early care and education teachers, and psychologists.

4. Create a formal process to assist children in the transition from early care and education to kindergarten.



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# PART FOUR

## Summaries of Research Commissioned for the Project

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# THE PHILADELPHIA 1000 FAMILY SURVEY

By Julie E. Tarr, Ed.D., Cindy Esposito-Lamy and W. Steven Barnett, Ph.D., Rutgers, The State University of New Jersey, Graduate School of Education, Center for Early Education Research

## Introduction

Hearing from parents is critical, leading the project to commission a survey of 1000 Philadelphia families with young children, birth to five years of age, to find out current use of early care and education, health care, and parenting education and support services, and to learn more about what parents want and need for their young children. The survey, which drew from a random, representative sample, was designed by the Rutgers University Center for Early Education and was conducted by phone from November 2000 through February 2001, with a reliability rate of +/- 3.5 percent.

To investigate differences in the use of and access to services by neighborhood, zip codes where families reside were aggregated into five regions; North, Northeast, Northwest, South/Center, and West/Southwest Philadelphia.

**Table 1: Neighborhood Clusters by Zip Code**

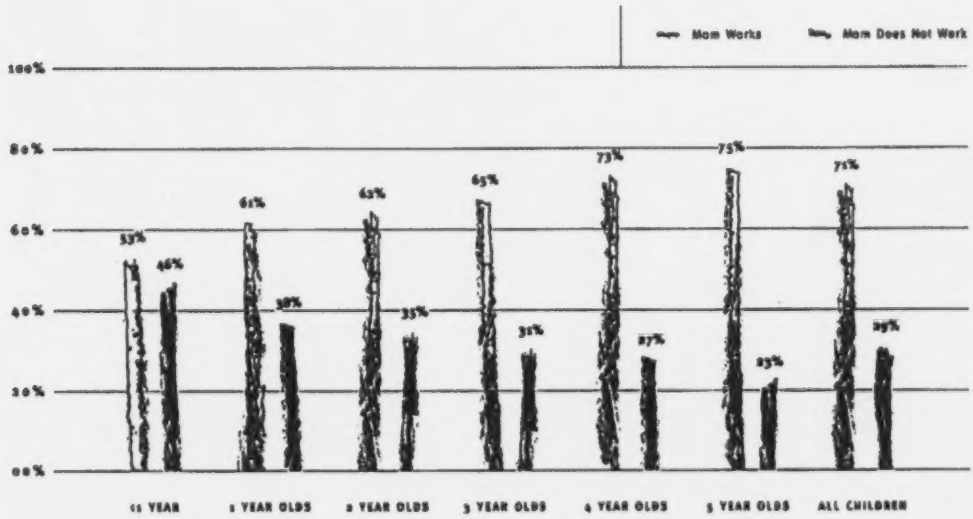
| | North | Northeast | Northwest | South/ Center City | West/ Southwest |
|---|---|---|---|---|---|
| Zip codes | 19121 | 19111 | 19118 | 19102 | 19104 |
| | 19122 | 19114 | 19119 | 19103 | 19131 |
| | 19123 | 19115 | 19126 | 19106 | 19139 |
| | 19125 | 19116 | 19127 | 19107 | 19142 |
| | 19130 | 19120 | 19128 | 19145 | 19143 |
| | 19132 | 19124 | 19129 | 19146 | 19151 |
| | 19133 | 19134 | 19138 | 19147 | 19153 |
| | | 19135 | 19140 | 19148 | |
| | | 19136 | 19141 | | |
| | | 19137 | 19144 | | |
| | | 19149 | 19150 | | |
| | | 19152 | | | |
| | | 19154 | | | |

## Highlights of Findings

Maternal Work: The Context of Early Childhood Development

- **Most mothers are employed, even when their children are very young.** Overall, 71 percent of mothers in Philadelphia are working an average of 34 hours a week. Sixty-one percent of mothers with one-year olds are employed, and the number grows to 74 percent of mothers with four or five year olds.

**Figure 1: Percentage of Mothers Working v. Not Working During Children's Preschool Years**





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**Setting: Early care and education settings for young children shift from parental care to child care centers over time. Babies and toddlers are most commonly found in parental care; preschoolers are most commonly enrolled in early care and education centers.**

The most dominant form of care for infants and toddlers is parental care, but even so, only 4 in 10 babies and toddlers are in such an arrangement. For preschoolers, early care and education centers are the most prevalent: 6 in 10 may be found in centers. For two-year olds, percentages of children in relative care and center-based care begin to equalize, with 23 percent of two-year olds in relative care and 29 percent attending center-based care. By the time children are three year olds, only 12 percent are still being cared for by relatives, while 52 percent attend center-based programs.

**Table 2: Type of Early Care and Education by Child's Age**

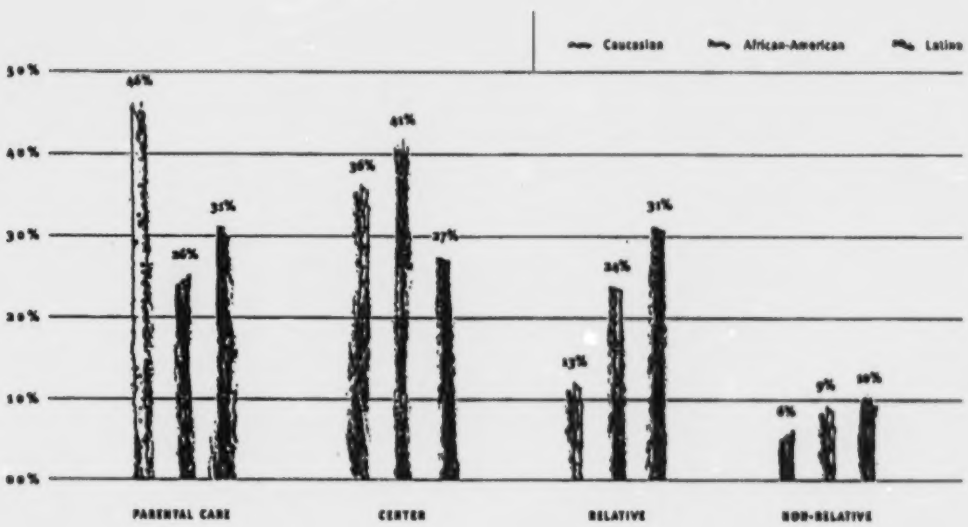
| Child's Age | Type of Care | | | |
|---|---|---|---|---|
| | Parent | Relative | Non-Relative | Center |
| <1* year old | 54% | 32% | 5% | 10% |
| 1* year old | 42% | 28% | 11% | 20% |
| 2 years old | 39% | 23% | 9% | 29% |
| 3 years old | 29% | 12% | 7% | 52% |
| 4 years old | 13% | 10% | 4% | 73% |
| 5 years old | 11% | 11% | 0% | 78% |
| Total 0-2* | 44% | 27% | 9% | 21% |
| Total 3-5 | 21% | 11% | 5% | 63% |
| Total 0-5 | 35% | 21% | 7% | 37% |

* Totals exceed 100% due to rounding

**Race, Ethnicity and Income: Families vary in the type of early care and education they use by race and ethnicity, and by income.**

Caucasian families are the most likely to stay home with their children. African-Americans are more likely to use non-parental care overall, and are in center-based care more than either Caucasians or Latino families. Latinos rely more on relative and non-relative care than other ethnic groups, and Caucasians are least likely to use this care arrangement. Middle income families, with earnings from $25,000 to $50,000 annually, are the most likely to stay home with their children or use a relative for care. Relative care is used most frequently (just over 20%) by the lowest income families, with earnings less than $25,000 year. Use of center-based early care and education is dominant by the lowest income (less than $25,000/year) and highest income (more than $50,000/year) families, suggesting that there may be cost barriers for families in the middle who often cannot access public tuition subsidies.

**Figure 2: Differences in Type of Care By Race/Ethnicity**



**Difficulty in finding care: Parents in Philadelphia are concerned with the quality and affordability of child care. Nearly two-thirds of parents indicate it is at least somewhat or very difficult to find high quality affordable care.**

The lowest income, Latino and African-American families are the most likely to have difficulty finding care. Cost of care is an issue for many parents, but particularly for middle income families who may not have access to child care subsidies. It is equally difficult for parents with children of different ages to find child care. However, families in Northeast Philadelphia report it easier to find child care than families in the North, West/Southwest and Northwest sections of the city.

**Table 3: Difficulty in Finding Quality, Affordable Care**

| How difficult? | African-American | Latino | Caucasian | Total Population** |
|---|---|---|---|---|
| Very difficult | 43% | 54% | 28% | 38% |
| Somewhat difficult | 30% | 20% | 24% | 27% |
| Not very difficult | 12% | 5% | 15% | 12% |
| Not at all difficult | 12% | 16% | 19% | 15% |

*Results do not add to 100% due to respondents who indicated they do not know how difficult it is to find care.

**Total population figures include families who did not report their race/ethnicity.

— **Early Care and Education Characteristics and Parental Values: Parents rated the following elements as the most critical for the children's early care and education experiences: safety, trustworthiness, cleanliness, trained staff, child socialization/play opportunities and education of children.**

**Philadelphia parents tell us that they believe more resources and training make a difference in quality. And when quality is improved, their ideas about what they want for their children change.** The question was asked: "Based on your knowledge today, what arrangement best provides characteristics important to you? What would you choose if all options were equal in quality and affordability?" Right now, more than 40 percent of parents with very young children (birth–two) would prefer staying home themselves, and almost 30 percent would prefer having a relative stay home with their children. For parents of three to five year olds, an equal percent (33 percent) would currently prefer a center or themselves, while 25 percent would prefer a relative. Parents are telling us that this would change if they could make ANY early care and education program meet their needs. If so, nearly 65 percent of parents of infants and toddlers would use a relative (33 percent) or a center (31 percent) over themselves. And parents of preschoolers are telling us that centers would be their number one choice (more than 40 percent) with just over 30 percent preferring relatives and only 10 percent of parents preferring to be home.

Figure 3: What Parents Want Now v. What Parents Want If High Quality Is In All Settings, Children 0-2

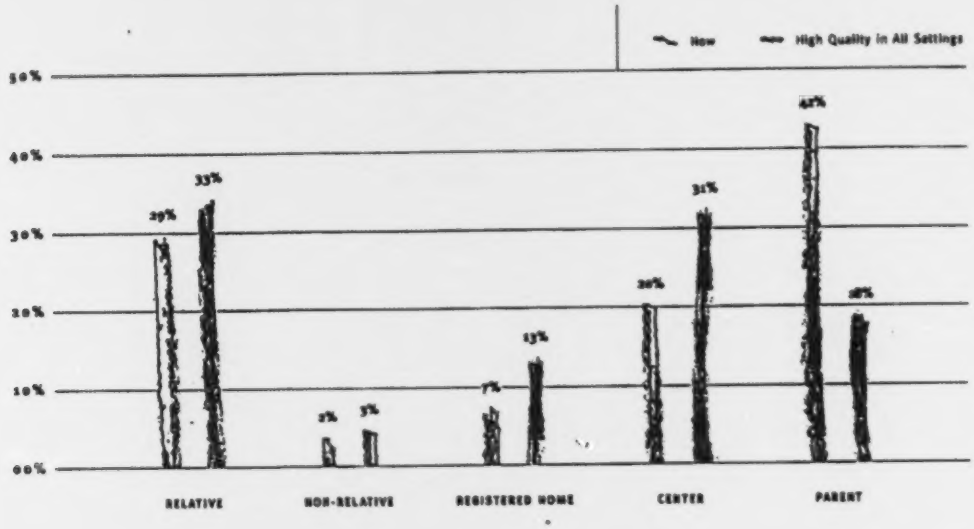
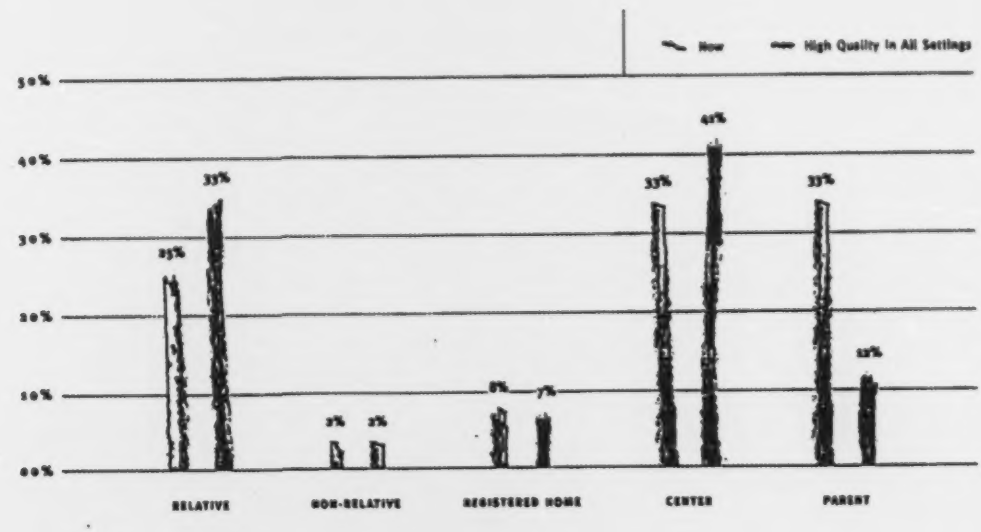



Figure 4: What Parents Want Now v. What Parents Want If High Quality Is In All Settings, Children 3-5





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Parenting Support

- **Only 20% of parents are using parenting education or support resources in their communities.** Parents were asked whether they used any of the following resources in their community at least once in the last year to assist them with raising children: 1) meeting to get information; 2) a home visit from a nurse or family support counselor; 3) support group or parenting class. Two reasons for not using these services are reported by over one-half of the families: lack of awareness or lack of interest.

- **Parents express a desire to participate in parenting education and support activities.** 68% of families said they were at least somewhat likely to go to a support group with other parents/families.

- **Parents favor high-trust, low stigma settings to participate in parenting education and support activities.** The table below illustrates this point.

**Table 4: Where Families Would Go For Support**

| Place | Percent |
|---|---|
| School | 48% |
| Health Center or Medical Setting | 44% |
| Child Care Center | 37% |
| Church, Synagogue, or Other Place of Worship | 37% |
| Employment-Sponsored Parent Program | 32% |
| Community Center | 25% |

## Concerns for children

- **Concerns for children's safety and the use of parental supports differ across areas of the City.** Families in the South/Center City section of Philadelphia are less likely to believe there are safe places for their children to play, compared to families in the Northeast who are least likely to feel they are unsafe.

**Table 5: Parents Reporting Their Neighborhood Unsafe**

| Area of City | Percent |
|---|---|
| South/Center City | 41% |
| North | 34% |
| West/Southwest | 32% |
| Northwest | 22% |
| Northeast | 16% |

## Health Care

- **Access to health care through insurance coverage shows 97% of parents reporting health insurance coverage for their young children.** Families in West/Southwest and North Philadelphia tend to take their children to the emergency room significantly more often than families in the Northeast, South/Center or Northwest.

- **Dental care overall is a major concern, with one-third of families with 3 and 4 year olds reporting that their child had never seen a dentist.** Families in the North and Northeast take their children to a dentist more often than families in the Northwest, West/Southwest and South/Center City sections. African-American parents tend to take their children to a dentist less often than other ethnic groups.

Public Support for School Readiness

There is strong public support for early childhood education among families in Philadelphia, across neighborhoods, and ethnic and income groups, and across all options presented for public support of early care and education. The table below shows the percentage of families reporting support for early childhood programs to be "very important".

**Table 6: Parental Support for Public Policy**

| Public Policy Options | Percent |
|---|---|
| Raise standards for child care and preschool | 85% |
| Importance of low-income children attending high quality early care and education | 82% |
| Increase funding for Head Start | 82% |
| Spend tax money to create a universal preschool system | 70% |
| Require employers to give 6 months paid leave | 69% |
| Bigger tax break for use of regulated child care | 68% |

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Comparing Philadelphia to the Nation

Several questions included in the survey were taken from the National Household Education Survey[v], which allowed us to compare Philadelphia's indicators of need to a representative national sample of 3 and 4 year old children. The table below compares Philadelphia's 3 and 4 year olds with national data, and to higher income families.

**Table 7: Indicators of Need**

| Need Indicators Ages 3-4 | Philadelphia | National Data | Higher Income Families |
|---|---|---|---|
| Mother's Education: | | | |
| <9 years | <1% | 4% | <1% |
| 9-11 years | 8% | 13% | 2% |
| 12 years | 38% | 26% | 16% |
| >12 years | 54% | 57% | 82% |
| Income under $25,000 | 35% | 39% | NA |
| Primary language in the home is not English | 8% | 9% | 2% |
| Mother Works | 71% | 61% | 61% |
| Hours worked per week | 34 | 35 | 34 |
| Child does not know 4 basic colors | 18% | 20% | 7% |
| Child does not know most letters | 36% | 53% | 40% |
| Child never read to at home | 3% | 3% | 1% |
| Child read to everyday at home | 60% | 54% | 66% |
| Child's health less than good | 3% | 3% | 1% |
| Child never seen a dentist | 35% | 40% | 32% |
| Child missed breakfast sometime during week | 4% | 8% | 6% |

# THE PHILADELPHIA CHILD CARE QUALITY STUDY:

## An Examination of Quality in Selected Early Education and Care Settings

By Elizabeth Jaeger, Ph.D. and Suzanne Funk, Department of Psychology, Saint Joseph's University

### Introduction

The purpose of the *Philadelphia Child Care Quality Study* was to identify the typical level of quality of selected early childhood education and care settings encountered by preschool-aged children in Philadelphia.

Two hundred and eight center and home-based child care settings serving children between two and five years of age were assessed. These included:

- 158 center classrooms in programs sponsored by various auspices including: secular/nonprofit organizations (N = 25), religious congregations (N = 25)*, for profit programs (N = 26), community-based Head Start programs (N = 24), Head Start programs operated by the School District of Philadelphia (N = 19), Comprehensive Day Care programs (N = 26), Parent Cooperative Nursery Programs (N = 15).

- 50 home-based arrangements of three types: Group Family Day Care (FDC) homes (N = 10), Registered FDC homes (N = 20), unregulated providers, usually relatives and neighbors (N= 20).

Center and regulated home* settings were randomly selected from publicly available lists of licensed and registered programs. Unregulated providers were recruited through advertisements in local newspapers and letters distributed to unregulated providers who receive public subsidies for children in their care.

To assess quality, trained observers visited programs for approximately 2.5 hours and completed standard assessments of environmental quality and provider-child interaction. These included the Early Childhood Environmental Rating Scale-Revised (ECERS-R; Harms, Clifford, & Cryer, 1998) and the Family Day Care Rating scale (FDCRS, Harms & Clifford, 1989). These scales provide an overall description of the quality of care at four levels: (1) inadequate, defined as potentially harmful to children's well-being, (2) minimal, defined as meeting children's custodial needs but providing little support for their developmental needs, (3) good, defined as meeting children's developmental needs, and (4) excellent, defined as highly personalized care.

In addition to providing an overall estimate of quality, these instruments yield scores assessing the quality of particular features of the care-giving environment. These include: (1) the availability and quality of space and furnishings, (2) the quality of personal care routines, including those related to basic needs such as eating and toileting, (3) the availability and quality of materials and interactions which support language and reasoning activities, (4) the availability and quality of materials and activities which support children's learning in a variety of domains including art, music, math, and science, (5) the structure of the daily program, including the balance it provides between structured and unstructured activities, (6) the nature of interactions among children and staff, including their level of warmth and supervision, and (7) the provisions made for parent and staff needs, including opportunities for professional growth of the staff.[40]

Observers also completed the Arnett Caregiver Interaction Scale (Arnett, 1989) to assess the sensitivity of provider's interactions with children. This measure was included because it can be used without modification in both center and home-based settings.

Quality of care was examined separately for center and home-based settings. Within each setting, variation in quality was also examined by program type to enable the planning of more targeted quality improvement efforts.

## Highlights of Findings

### Centers

- **On average, the global quality of care giving environments in center classrooms slightly exceeded children's custodial needs but did not fully meet their developmental needs.**

  Center classroom environments typically were safe and clean, provided some materials for stimulation, and offered some stimulating activities. However, children were generally not experiencing the type of developmentally enriching experiences capable of enhancing their school readiness outcomes.

- **On average, center classrooms rated most highly in terms of the nature of interactions among providers and children and lowest in terms of the quality of learning activities offered to children.**

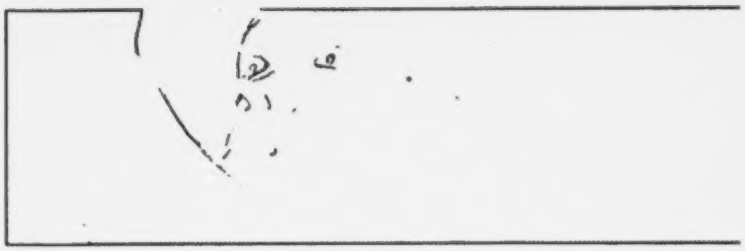
  Interactions between teachers and children were rated highly; in this one aspect, classrooms typically met the standards for good quality care. The quality of personal care routines and provisions made for parents and staff was also, on average, not far from meeting good standards of care. However, with the exception of literacy activities, the quality of most learning activities were generally just meeting minimal standards of quality. Average scores for the quality of the program structure, space and furnishings, and literacy activities generally fell between minimal and good standards of quality.

- **Nearly one-fifth of center classrooms were offering good quality care.**

  Eighteen percent of classrooms observed offered environments that, on average, met the standards for good quality care. None of the programs observed, however, had scores that met the standards for excellent care as defined by the ECERS-R.[48] Seventy-five percent were at the minimal level, and 6 percent were observed to be inadequate.

- **The overall quality of center classroom environments was related to program auspice.**

  Classrooms in programs sponsored by religious congregations and for-profit centers offered care that was of poorer quality than classrooms from other types of programs. For example, 26 percent of church sponsored care was inadequate as was 15 percent of for-profit care. No other type of center classroom observed offered inadequate care.



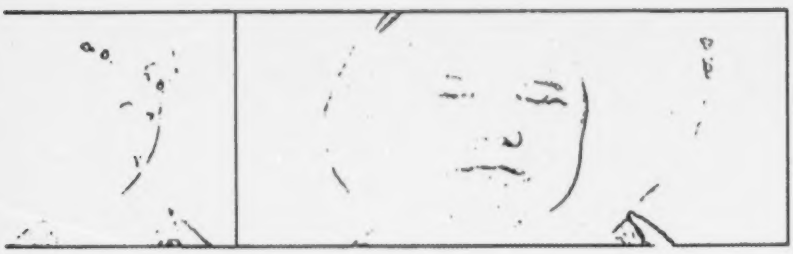
Home-Based Settings

- **Although home-based providers generally interacted positively with the children in their care, the overall quality of child care environments in home-based arrangements, on average, barely met children's custodial needs.**

  Ninety-six percent of home-based settings offered care that was at or below minimal standards of quality. On average, home settings were rated most highly in terms of the provisions made for adults and the interactions between providers and children. The quality of space and furnishings and personal care routines in FDC homes, however, did not typically meet minimal standards of care. This included exposure to potential health and safety hazards, such as uncovered electrical outlets or food of poor nutritional quality. Literacy and other learning activities in FDC homes, on average, only met children's custodial needs and were of insufficient quality to enhance their school readiness skills.

- **Although there were no large differences observed in the overall quality of care across the three types of FDC homes, the quality of care in unregulated homes was poorer than that observed in regulated FDC homes.**

  Unregulated providers did not consistently meet minimal professional standards for child care quality in any area except that pertaining to interactions with children. Regulation, however, did not guarantee a minimal level of quality: 40% of regulated FDC homes observed offered care considered to be inadequate by FDCRS standards.



All Types of Settings

— **Although providers were equally sensitive in all settings, the quality of center classroom environments was generally higher than the environments observed in home-based arrangements.**

In nearly every aspect assessed, the caregiving environments in center classrooms were of higher quality than those observed in home settings. The noteworthy exception to this pattern was the lack of differences for scores pertaining to the quality of learning activities offered. Both center and home-based settings, on average, offered learning experiences that were only sufficient to provide for children's custodial needs. It should be noted that the quality of center care may have appeared higher than that in home-based care because of how we the quality of family day care was measured. The standards for quality in home-based care were adapted from the standards originally developed to assess quality in center environments, and thus, favor a more center-like model of family child care (Galinsky, et al., 1994).

— **The quality of care observed in Philadelphia was generally comparable to that observed in other samples.**

The quality of center care observed in Philadelphia was similar to that found in samples of center classrooms across the country. Compared to other samples of regulated FDC homes, the quality of FDC homes in Philadelphia appeared to be lower even when the scores from only regulated FDC homes were considered. However, the level of quality observed in Philadelphia FDC homes was comparable to that observed in a national sample that included both regulated and unregulated providers. Further research is necessary to fully determine where the quality of family day care in Philadelphia falls relative to FDC care in other locations.

## Conclusions

Limitations of the study, including recruitment strategies that resulted in unrepresentative samples and small sample sizes, restrict the conclusions that can be drawn on its basis. Some important conclusions with implications for children's school readiness that can be reached include the following:

- **The custodial needs of young children are generally being met in the types of regulated child care and education settings observed for this study.**

  The majority of children observed in regulated center and home settings were cared for in environments that adequately met their custodial needs. Moreover, providers in both regulated and unregulated care settings were generally positive and responsive.

- **The quality of child care observed in many settings is insufficient to enhance children's school readiness skills.**

  The typical level of quality observed in center classrooms, and especially home settings, was insufficient to provide children with the types of experiences that could have a substantial, positive impact on their school readiness skills. Moreover, the typical level of quality observed may offer little compensation for the risk factors experienced by many young children in Philadelphia.

- **Quality improvement efforts need to be tailored to specific kinds of programs.**

  Bringing programs in home versus center settings up to acceptable levels of quality will require efforts of different intensity and type. Many FDC programs are in need of assistance to reach even minimal levels of quality, including help with basic health and safety concerns. To improve care in center classrooms, teachers may need more assistance in learning how to better use the resources they have to support children's learning throughout the day. Within center care especially, quality improvement efforts should also take into account program auspice. Church-sponsored and for-profit programs, in particular, may require more basic assistance and/or resources to implement developmentally appropriate practice than the other types of programs.

— **Regular assessments of program quality are necessary to enhance quality improvement efforts.**

Within programs of each type, there was significant variability to suggest that program needs vary by the individual program. Regular self-assessment and assessment by outside evaluators will enable quality improvement efforts and scarce resources to be targeted more efficiently.

— **Improvements in the quality of child care will require community support.**

Some of the common problems observed in the quality of Philadelphia child care settings, such as the lack of safe outdoor play spaces, were beyond the control of individual child care programs. These types of problems are felt most acutely by FDC providers, many of whom live in unsafe housing and in neighborhoods that lack adequate public resources for children.

— **The level of quality of early childhood education and care settings observed in Philadelphia is most likely the product of the economic and political context of child care generally.**

Although we did not examine the determinants of quality in this study, there is ample evidence that child care quality is proportional to the resources invested in it. Given the economic and political realities of child care both regionally and nationally (Shlay & Golin, 1997), the providers observed as part of this study should be commended for the care that they give our children. Until there is a strong public commitment to increasing the resources invested in early care and education settings, we, as a community, are short-changing our children's ability to enter school ready to learn.

# PARENTING EDUCATION AND SUPPORT:

## A Review of Research and Recommendations for Practice

By Jean Layzer and Barbara Goodson, Abt Associates, Inc.

### Introduction

Abt Associates, a nationally recognized research firm, was asked to review the research on the effects of parenting support and education. Six hundred studies of family support programs were compiled and a meta-analysis was conducted, using those studies that met scientific standards for rigor. This summary presents an overview of the data and recommendations for service delivery options and recommendations about promising approaches based on research evidence. To be included in the meta-analysis parenting programs were defined as those that included services aimed at parents and designed to promote children's well-being through increasing the strength and stability of families, increasing parental confidence and competence, and affording children a stable and supportive home environment.

The questions that guided the research were:

- What are the effects of parent support and education programs and services on families and children?
- How effective are different types of services and service strategies?
- How effective are services for children and families with different characteristics, needs and circumstances?

### Highlights of Findings

The results of the meta-analysis offer some encouraging messages as well as some warnings. In addition, the results offer some clues about how programs to support parents might be strengthened.

- **Parent support and education services produced small positive effects across a wide range of outcomes for children and families.** These programs and services are generally small-scale efforts with modest budgets. The levels of effects reported here seem, on the whole, consonant with the level of investment made in these programs.

- **The effects are not evenly distributed across different program models and strategies.** Almost two-thirds of the programs we studied had little or no effect on parents' understanding of child development, attitudes about childrearing or behavior with their children. More than half the programs had little or no effect on family functioning.

- **Programs that focused on specific types of families rather than on, for example, all low-income families, tended to be more effective.** Parent support and education programs have moved toward delivering services through home visits, usually by paraprofessional staff. In addition, there has been a move toward non-targeting of services. In general, these strategies show the weakest effects on both parent and child outcomes.

- **Programs that use professional staff, and deliver parent education and support through group meetings, had stronger positive effects on parenting behavior and, in addition, on outcomes for children.**

- **There is no single effective program model.** Although we have identified some strategies that have proved effective with specific populations, there is no single program approach, curriculum, or service strategy that has demonstrated effectiveness across a range of populations.

- **Parent support services were effective with some important and vulnerable populations.** Services that focused on teenage mothers with very young children, families that have a child with special needs or families that have a child with behavior problems, had strong positive effects on parents, children or both.

- **Promoting children's cognitive development and school readiness is best done through services delivered directly to the child.** The assumption that many parents lack the necessary skills to be effective parents to their children has led to the proliferation of parenting education programs. There is no evidence of the effectiveness of parenting education in promoting children's cognitive development or school readiness.

## Recommendations

- **Do not use a single model or curriculum.** With one or two exceptions, the models that have shown larger effects have been tested in single site research and demonstration initiatives, and have not been successfully replicated. In this situation, it would be better to offer some general guidance to community entities about targeting, staffing and service strategies and encourage innovative thinking about ways to provide support and training to parents.

- **Specify the use of professional staff to provide parent support and education.** The research provides no support for the use of paraprofessional staff to provide these services. Paraprofessional staff can be useful in helping to recruit parents for a program and in working through community contacts to identify families who might be helped by the program.

- **Specify the use of parent groups rather than home visits.** Home visits appear to be the least effective way to provide parent education and support. Parent groups provide opportunities for peer support, in addition to their educational function. However, careful planning will be needed to make parent groups successful. Home visits were originally introduced as a service delivery strategy because of the difficulty of inducing parents to come to meetings. A good deal of research has been done on ways to increase participation, including providing transportation, child care, and incentives. All produce only a modest increase in participation. The literature suggests that parents will participate in a program if they perceive it as truly meeting their needs.

- **Target programs or services rather than attempting to reach the general population.** This relates to the preceding point, as well as to the evidence of greater effectiveness of targeted services. The populations identified in the review as showing positive effects of parent support and education, teenage parents, parents of children with special needs or behavior problems, are all aware that they have a problem and that they lack the skills they need to address the problem. This awareness both motivates them to participate and predisposes them to be receptive to and to act on the information provided.

- **Do not expect any of the current approaches to parenting education to improve school readiness.** Ideally, we would like to find ways to enlist parents in support of their children's learning, both in and out of school. However, there is no evidence in the literature of parenting education programs that have been effective in changing parents' behavior in relevant ways or in improving children's outcomes. Parents frequently express a desire to be more helpful to their children. Programs such as Berkeley Math tackle this directly, teaching math skills to both young children and their parents, simultaneously. Approaches that emphasize skills other than child rearing, the one area that parents think they can succeed in, may offer greater success.

- **Design programs to be responsive to parents' schedules.** Because most parents, especially poor parents, now work outside the home, programs face a real challenge in getting parents to participate. Encourage innovative ways to reach parents (e.g., through the workplace, through television or radio).

- **Be prepared for modest effect of any intervention.** Even innovative interventions that build on what we have learned from research are likely to show only small to moderate effects. This should be the expectation in embarking on a new program.

- **Try to learn as much as possible about the program implementation, effects and results.** Because of the history of the lack of effectiveness of these programs, any new initiatives need to be carefully documented, assessed and modified. The work begins with a careful investigation of how many parents are reached by the program and whether they are the parents targeted by the program. Once reached, do they actually participate? Once these questions are answered, it is important to address the question of whether the program or services has any measurable impact on parents and children.

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# PART Philadelphia Early Childhood Maps and Services



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# PHILADELPHIA EARLY CHILDHOOD MAPS AND SERVICES

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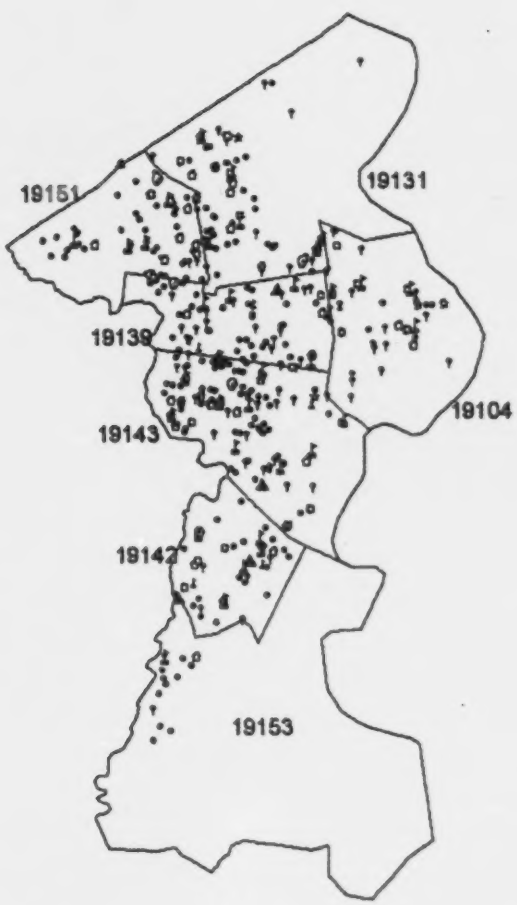
**Early Care and Education Services**




- Child Care Center
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- School District Parent Cooperative Nursery
- Public Elementary School

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**West/Southwest Philadelphia:**

**Health Services**

- City Health Center
- Federal Health Center
- Hospital with Prenatal Care
- Hospital with Primary Pediatric Practice
- Nursing Center
- WIC Office

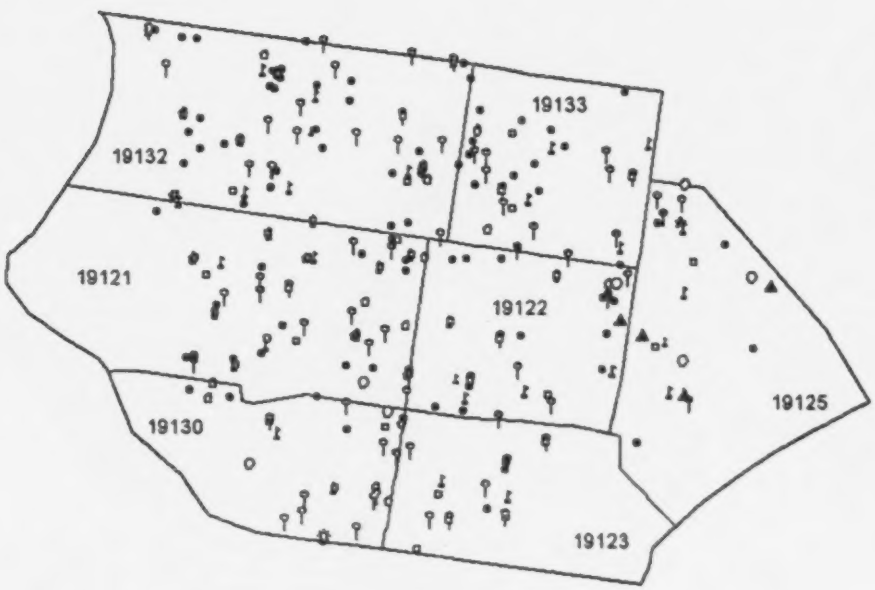
**West/Southwest Philadelphia:**

**Parenting Services**

- Early Head Start Program
- Even Start Site
- Department of Human Services Family Center
- Library Branch
- Parenting Services Site
- Reach Out and Read Site

**North Philadelphia:**

**Early Care and Education Services**

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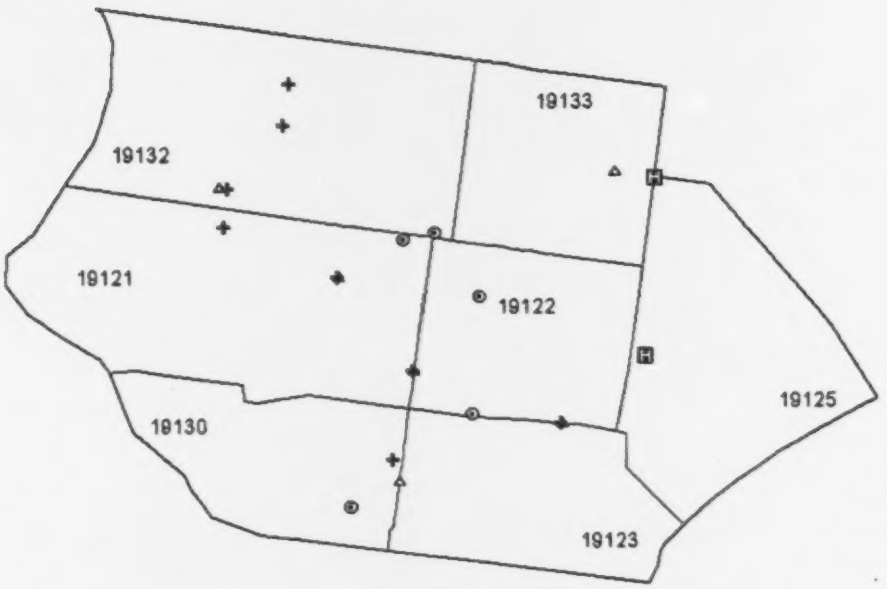


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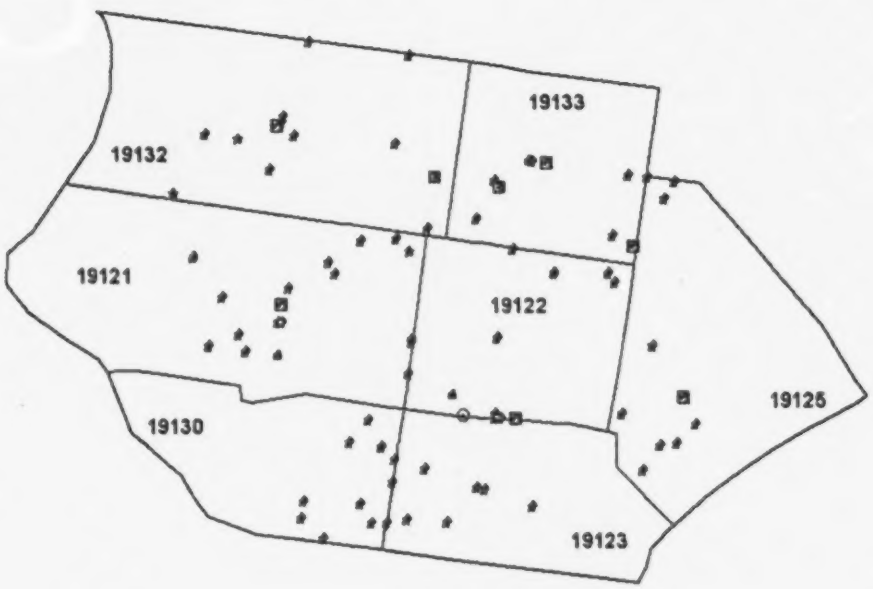


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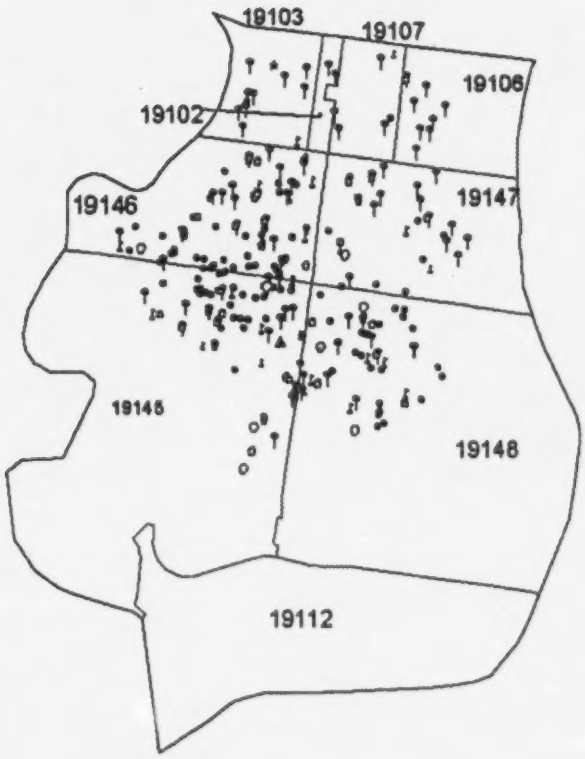


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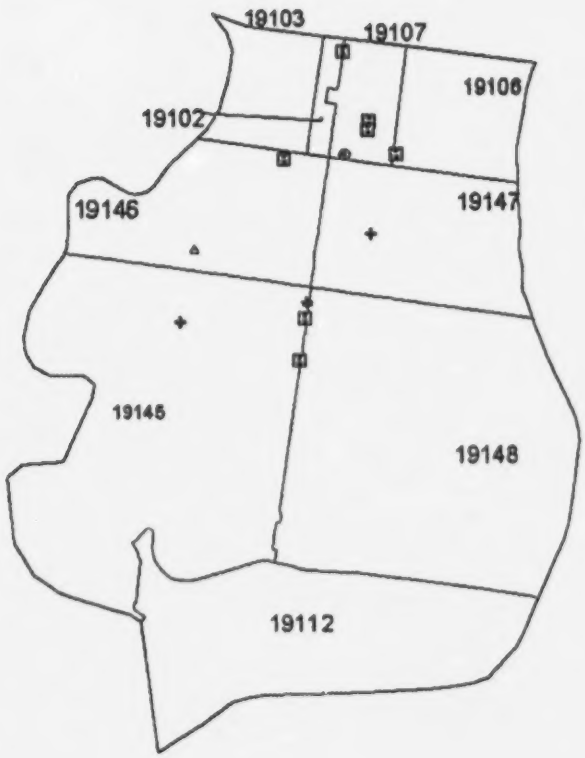


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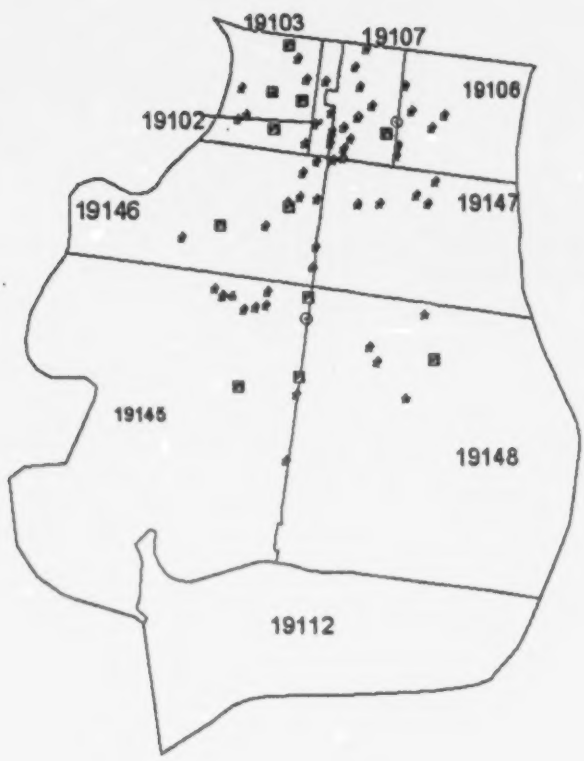


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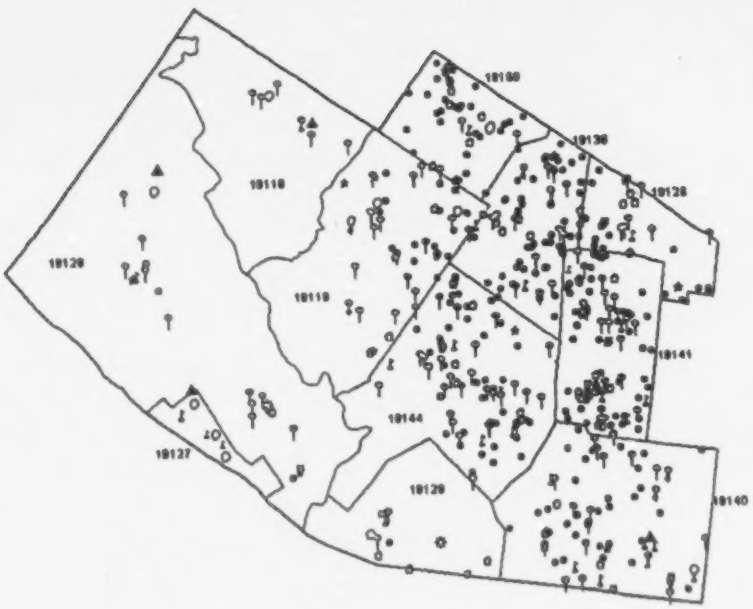


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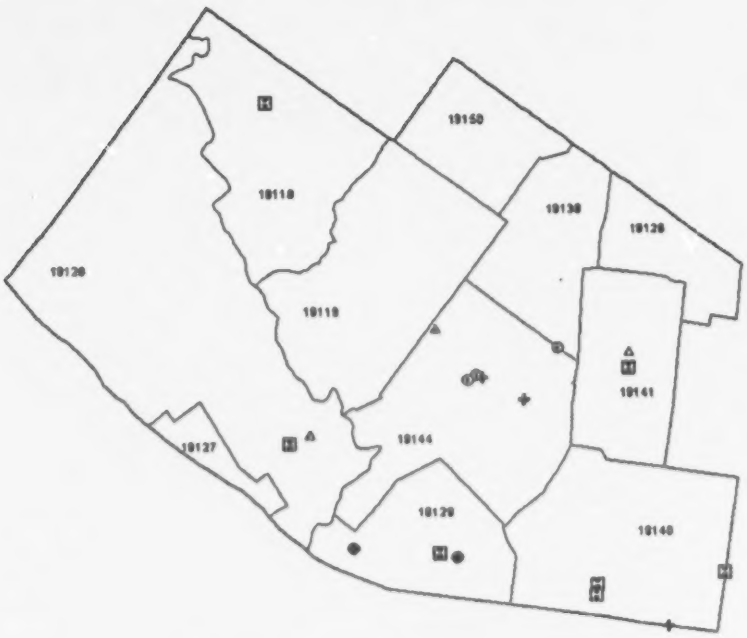


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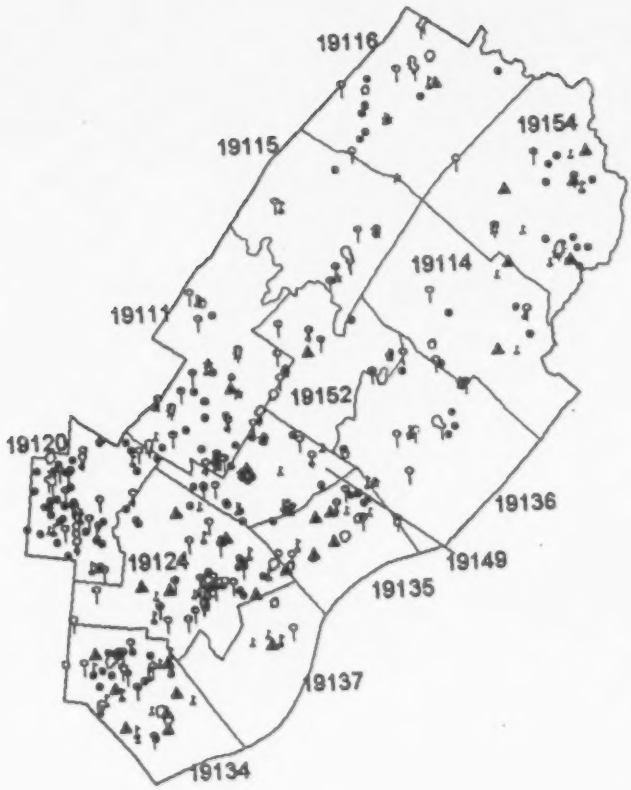
## Northeast Philadelphia:

## Early Care and Education Services

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**Northeast Philadelphia:**

**Health Services**

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- Nursing Center
- WIC Office



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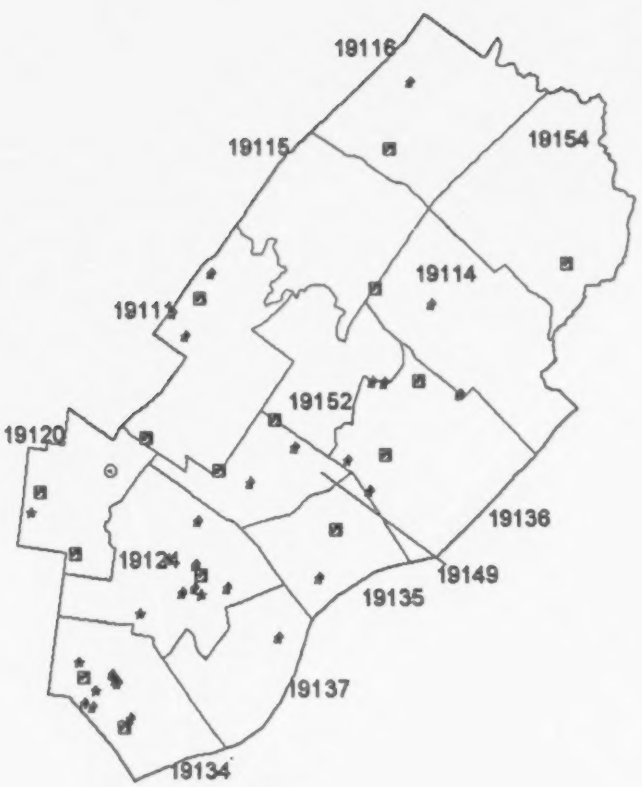
**Northeast Philadelphia:**

**Parenting Services**

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## NOTES

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2. National Center for Education Statistics, "Drop Out Rates in the United States: 1999," 22 August 2001 <http://nces.ed.gov/pubs2001/dropout/Conclusions.asp>.

3. Philadelphia Coalition for Kids, Report Card 2001: The Well Being of Children and Youth in Philadelphia (Philadelphia, 2001) 60.

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6. National Research Council and Institute of Medicine, From Neurons to Neighborhoods: The Science of Early Childhood Development, (Washington DC: National Academy Press, 2000).

7. California Children and Families Commission, "Draft Guidelines," (Sacramento, September 9, 1999).

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9. California Children and Families Commission.

10. Two of the most significant and rigorous studies in this line of research are the Abecedarian Project and the High/Scope Perry Preschool project. Both used an experimental design that tracked and compared economically disadvantaged children who had been in an intensive, high quality early care and education program with a similar group of children who had not. Compared to the control group, children participating in these programs were more successful in school. They scored higher on achievement tests, they were less likely to be retained in grade or placed in special education, and they were more likely to graduate from high school. National Association of Child Advocates, Making Investments in Young Children: What the Research on Early Care and Education Tells Us (December 2000).

11. G.F. DeJong, and P.M. Klein, "Pennsylvania Loses Twice in Brain Drain Migration," (Penn State Population Research Institute, July 1999), 7 May 2001 <www.pop.psu.edu/searchable/press/sep1599.html>.

12. Between 1997 and 2000 there was a 16 percent increase in the number of juveniles who had contact with Family Court for delinquent behavior. Philadelphia Coalition for Kids, 50.

13. Philadelphia Coalition for Kids, 51.

14. Lynn A. Karoly, et al., Investing in Our Children: What We Know and Don't Know About the Costs and Benefits of Early Childhood Interventions (Santa Monica, California: Rand, 1998), 24 June 2001 <www.rand.org/publications/MR/MR898>.

15. National Education Goals Panel, National Education Goals, 20 January 2001 <www.negp.gov/page3-3.htm>.

16. National Association of Child Advocates, Making Investments in Young Children: What the Research on Early Care and Education Tells Us (December 2000).

17. Cost, Quality and Child Outcome Study Team, Cost, Quality, and Child Outcomes in Child Care Centers Public Report (Denver: University of Colorado-Denver, 1995).

18. A.J. Reynolds et al., "Long-Term Effects of an Early Childhood Intervention on Educational Achievement and Juvenile Arrest," JAMA 285.18 (2001).

19. Cost, Quality and Child Outcome Study Team.

20. Julie E. Tarr, Cindy Esposito-Lamy and W. Steven Barnett, The Philadelphia 1000 Family Survey (New Brunswick, New Jersey: Rutgers, The State University of New Jersey, Center for Early Education Research, 2001).

21. Sources: U.S. Census Bureau, City of Philadelphia Children's Budget 2000, *Philadelphia 1000 Family Survey*, U.S Department of Health and Human Services.

22. David Bartlett, Latino Philadelphia A Report of the Latino Workforce Development Task Force (Philadelphia Department of Human Services and Philadelphia Workforce Development Corporation, 2001), 32.

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23. Some potential barriers to Child Care Works enrollment may explain the gap between the number of potentially eligible families and those participating. A minimum workweek of 25 hours is required. Families receiving TANF funds have a minimum work week of 20 hours and can access early care subsidy by meeting that requirement; however, shortly after transitioning off TANF, they must increase their work week by five hours. Child Care Works also requires families accessing subsidized child care to cooperate in filing for court ordered child support. This requirement can delay applications and cause some families to choose to leave the subsidy program, as it ignores voluntary agreements governing child support and could potentially increase conflict in some families. Limited outreach, combined with burdensome application and enrollment procedures for Child Care Works, is also of concern.

    Other barriers stem from subsidy acceptance rates among providers. Eighty-one percent of the child care programs (centers and homes) accept the PCCR subsidy. A far smaller number accept the CAO subsidy, only 49 percent. And only 47 percent accept both.[a] Providers who accept CAO subsidized children report difficulty receiving timely notification of client eligibility, and until recently they have had problems receiving prompt payment. Recent administrative changes have improved the speed of payment, so the gap between acceptance of the two subsidies may narrow. However, the current low rate of participation in the CAO subsidy system provides some indication that the large percentage of TANF families who choose unregulated settings may do so in part because they have difficulty locating regulated settings willing to accept the CAO subsidy.

24. Tarr.

25. Stephanie Childs and J. Fantuzzo, "Early Childhood Experiences at Kindergarten Entry Project for the 2000-1 Kindergarten Cohort," Unpublished Raw Data (School District of Philadelphia, 2001).

26. Elizabeth Jaeger, Ph.D. and Suzanne Funk, The Philadelphia Child Care Quality Study: An Examination of Quality in Selected Early Education and Care Settings (Philadelphia: Department of Psychology Saint Joseph's University, 2001).

27. David Silberman, School District of Philadelphia, telephone conversation, 12 December 2000.

28. School District of Philadelphia, Office of Communications, "Fingertip Facts 2000", 9 May 2001 <www.phila.k12.pa.us/executive offices/communications/snapshot.htm>.

29. Pennsylvania Department of Public Welfare, "CCRD Philadelphia Profile 2000," (December 2000).

30. Sources: Pennsylvania Department of Public Welfare, Philadelphia 1000 Family Study, Philadelphia Child Care Quality Study, School District of Philadelphia, Delaware Valley Association for the Education of Young Children.

31. Philadelphia Health Management Corporation, "Philadelphia Health Management Corporation 1998 and 2000 Southeastern Pennsylvania Household Health Survey," Special data run by David Webb (Philadelphia Department of Public Health, January 2001).

32. Tarr.

33. Philadelphia Department of Public Health, Telephone Conversation, 5 and 11 January 2001.

34. Since fee-for-service is the most predominant method of payment for dental services, low-income families, who rely on managed care, often receive less than optimal dental treatment. Only one-third of dentists participate in managed care programs, and even fewer accept Medicaid patients due to demanding administrative requirements and reimbursement rates that are significantly lower than market rates. The Department of Health and Human Services has designated one-third of American cities as Dental Shortage Areas. Dental Shortage Areas refers to inadequate access to dentists for people living in those areas who have incomes less than 200 percent of the federal poverty line. In Philadelphia, parts of lower North Philadelphia and Northeast Philadelphia are designated as dental shortage areas

35. Sources: Philadelphia Behavioral Health System, Philadelphia Health Management Corporation, Elwyn Institute, Pennsylvania Insurance Department, Pennsylvania Department of Public Welfare, National Committee for Quality Assurance, Philadelphia Citizens for Children and Youth, Medicaid Managed Care Plans.

36. Sources: Jean Layzer and Barbara Goodson, "Parenting Education and Support: A Review of Research and Recommendations for Practice," (Boston: Apt Associates, 2001, Philadelphia Department of Human Services, "Survey of Parenting Services," (2000).

37. National Center for Education Statistics, National Household Education Survey on Early Childhood Education and School Readiness (1999).

38. Classrooms sponsored by any type of religious congregation were originally eligible for the study. However, all classrooms initially recruited for the study were sponsored by churches. Towards the end of data collection, it was decided to further recruit only those sponsored by churches to expedite data collection. Henceforth, for the purposes of this report, we refer to this group of classrooms as "church-sponsored".

39. Both Group FDC and Individual FDC homes are registered and regulated by the Department of Public Welfare. We refer to the latter as "registered" FDC homes in this report for sake of simplicity.

40. In the FDCRS, items assessing program structure are included in the activities subscale and thus it yields five subscale scores.

41. Only one center program in our sample was accredited. It is possible that we may have observed programs scoring in the excellent range if we had included more nationally accredited programs, although these often do not meet the ECERS-R standards for excellent child care (see Whitebrook, Sakai, & Howes, 1997).

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# ACKNOWLEDGEMENTS


### NATIONAL ADVISORY COMMITTEE

W. Steven Barnett, Ph.D., Rutgers, the State University of New Jersey

Marguerite Barratt, Ph.D., Institute of Children, Youth and Families

Richard Brandon, Ph.D., Human Service Policy Center, University of Washington

Charles Bruner, Ph.D., Child and Family Center

Magda Peck, Sc.D., CityMATCH

Marta Rosa, Massachusetts Child Care Resource and Referral Services

Nina Sazer-O'Donnell, Families & Work Institute

Garrett Westervelt, Education Commission of the States

### PLANNING COMMITTEE

English Willis, M.D., Pennsylvania Hospital, Chair

Susan S. Aronson, M.D., American Academy of Pediatrics, Pennsylvania Chapter

Susan Axelrod, Elwyn, Inc.,

Phyllis Belk, Delaware Valley Child Care Council

Adrienne Bishop, Youth Services, Inc.

Ronnie Bloom, William Penn Foundation

Laura Boyce, United Way of Southeastern Pennsylvania

Adia Brown, Delaware Valley Association for the Education of Young Children

Danny Cortes, Nueva Esperanza Academy Charter High School

Michelle S. Davis, Philadelphia Department of Public Health

Helen Dennis, Philadelphia Society for Services to Children

Gwen DeVeaux-Way, United States Department of Health and Human Services

Judith Dogin, M.D., Community Behavioral Health, Inc.

David Falt, Philadelphia Department of Human Services

John Fantuzzo, Ph.D., University of Pennsylvania Graduate School of Education

Richard Fernandez, Philadelphia Early Childhood Collaborative

Norma Finkelstein, Philadelphia Child Care Resources-North

Julie Friedman, Philadelphia Health Management Corporation

Rosalind J. Gadsden, Philadelphia Society for Services to Children

Judith Gay, Community College of Philadelphia

Mary Graham, Children's Village, Inc.

Christine James-Brown, United Way of Southeastern Pennsylvania

Nancy D. Kolb, Please Touch Museum

Natalie Levkovich, Health Federation

Helene Marks, Terri Lynne Lokoff Child Care Foundation

Kate Maus, Philadelphia Department of Public Health

Sima Michaels, Delaware Valley Child Care Council

Michael Moore, Philadelphia Health Management Corporation/Early Intervention

Shirley C. Morris, Child Care Resources Developers of Southeastern Pennsylvania

Carmen Paris, Philadelphia Department of Public Health

Julio Paz y Mino, Philadelphia Child Care Resources-South

Jacquelynn Purlefoy-Brinkley, Educating Children for Parenting

Cassandra Ruffin, School District of Philadelphia

Donald Schwarz, M.D., Children's Hospital of Philadelphia

Catherine Smith, Pennsylvania Department of Public Welfare

Natalie Sondheimer, Maternity Care Coalition

Denise Taylor Patterson, Philadelphia Department of Public Health

Fasaha M. Traylor, Foundation for Child Development

Elaine Wideman-Vaughn, Please Touch Museum

Shelly D. Yanoff, Philadelphia Citizens for Children and Youth

### OTHER PARTICIPANTS

Kenneth Adams

Verna Aggie

Susan Aichele, School District of Philadelphia

Latifah Anderson, National School and Community Corps

Suzanne Anderson, The Preschool Project

Jeanette Anthony, Head Start Learning Tree

Edie Appel, Childspace Day Care Center




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Marjorie Argent, Philadelphia Department of Public Health

Eugenia Argires, Educating Children for Parenting

Liz Armistead, Settlement Music School

Marcy Bacine, Terry Lynne Lokoff Child Care Foundation

Rose Ball, West Philadelphia Child Care Network

Catherine Barrios, Philadelphia Child Care Resources South

Kimberly Baskerville, Eastwick Family Center

Jennifer Beaumont, School District of Philadelphia

Vivian Belsky

Toni Berger, Germantown YWCA

Melinda Borel, Delaware Valley Child Care Council

Barbara Bradley, United Way of America

Terri Blyweiss, Rivera Comprehensive Day Care

Donna Boino, Northern Home for Children

Rachel Booker, National School and Community Corps

Shelly Brick, Federation Day Care

Jamiliah Brinkley, Strawberry Mansion Family Center

Virginia Brown, Philadelphia Department of Public Health

Teri Calloway, Philadelphia Department of Public Health

Pip Campbell, Thomas Jefferson University

Christine Caputo, Free Library of Philadelphia

Lona Catona, Concord Day Care Center

Susan Chapman, Community Care of the VNA

Stephanie Childs, School District of Philadelphia

Pat Christensen

Marielle Cohen, Philadelphia Society for Services to Children

Jill Coleman, Philadelphia Department of Public Health

Marilee Comfort, Comfort Consults

Fran Cornelius, MCP Hahnemmann University

Jacquelyn Courtney, Community Concern Day Care Center

Joanne Crooms, Elwyn, Inc.

Rita Cupingood, Norristown Family Center

Mary Daniels

Cindy Delago, St. Christopher's Hospital for Children

Beth DelConte,

Kathy Desmond, Best Nest, Inc.

Gerri DiLisi, Delaware Valley Association for the Education of Young Children

Paul DiLorenzo, City of Philadelphia

Stephanie Drabble, Ken-Crest Early Intervention

Jessica Droughn, Community Concern Day Care Center

Martha Emerling-Garett, Northern Home for Children

Gary A. Emmett M.D., Jefferson Faculty Pediatrics

Sue Endy, Parenting Education

Rosanne English-Rider, PA SIDS Center

Leslie Eslinger, Northwest Interfaith Movement

Andrea Ettingoff, Children's Crisis Treatment Center

Deidre Farmbry, School District of Philadelphia

Jerry Fisher, United Way of Southeastern Pennsylvania

Judith Flannery, Child Care Matters

Susan Forman, United Way of Southeastern Pennsylvania

Eileen Friedman, U.S. Department of Health and Human Services

Lori Gallagher, Sunny Days

Marsha Gerdes, Children's Hospital of Philadelphia

Frentzie Glover, Birney Elementary School

Tine Hansen-Turton, Regional Nursing Centers Consortium

Angela Harrison, DCS Western D.C.C.

Linda Haug, S.A.C.

Joanne Haywood, Trevor's Place

Nancy Herkin, Center for Intergenerational Learning

Marianne Herrmann, Greater Olney Logan Support Service Center

Rob Himmelsbach, Philadelphia Department of Public Health

Katherine Holod, Pennsylvania Department of Public Welfare

Robin Holts, Philadelphia Healthy Start Consortium

Angela Huberty, Sunny Days, Inc.

Renee Hudson, Catholic Social Services

Jean Hunt, William Penn Foundation

Venard Johnson, Philadelphia Healthy Start Consortium

Matt Jones, Pennsylvania Department of Public Welfare

Debra Kahn, City of Philadelphia

Karol Kaltenbach, Family Center

Doris Kasley, YMCA of Philadelphia & Vicinity

Irv Katz, United Way of America

Stuart Katz, Health Care Center #4

Arlene Kaufler, Ken-Crest Services

Marilyn Kelly, West Philadelphia Child Care Network

Rose King, Greater Olney Logan Support Service Center

Beth Kough, Pennsylvania Department of Public Welfare

Pat Kutzler, Philadelphia Department of Human Services

Thomas Langfitt, M.D. Wharton School University of Pennsylvania

Louise Leibowitz, Children's Aid Society of PA

Gail Levin, Annenberg Foundation

Michael Levine, I Am Your Child Foundation

Louise Lisi, Philadelphia Department of Public Health

John Loeb, Philadelphia Health Management Corporation

Angie Logan, Philadelphia Citizens for Children and Youth

Rita Lourie, Temple University

Bonnie Lundy, Elwyn, Inc.

Catherine Malkemes, Girl Scouts of Southeastern Pennsylvania

Patty Manz, Children's Hospital of Philadelphia

Alba Martinez, Philadelphia Department of Human Services

Debbie McCloskey, United Way of Southeastern Pennsylvania

Dallas McWilliams, Please Touch Museum

Jacki Metzler, Summit Children's Program

Suzanne Milbourne, Thomas Jefferson University

Sara Molina-Robinson, Childlink

Sandra Moore, Pennsylvania Department of Public Welfare

Valerie Morris, Visiting Nurse Association of Greater Philadelphia

Kathy Mosley, Special People In Northeast, Inc.

Pamela Myers, Health Federation of Philadelphia

Ann Nicholas, Philadelphia Department of Public Health

Anna Parker

Thelma Peake, Peake's Little Angels

Bettina Pearl, Philadelphia Citizens for Children and Youth

Virginia Peekham, Family Support Services

Hedra Peterman, Free Library of Philadelphia

Kim Pharr, Lois' Learning Tree

Marcia Philpot, Philadelphia Department of Human Services

Jennifer Plummer-Davis, School District of Philadelphia

Naomi M. Post, Philadelphia Safe and Sound

Jane Prusso, Blaine School

Anne Rahn, The Preschool Project

Bonnie Raines, Philadelphia Citizens for Children and Youth

Miguel Ramirez, The Preschool Project

Pedro Ramos, Philadelphia Board of Education

Joe Rauscher, Philadelphia AFL-CIO

Debbie Ravacon, Philadelphia Early Childhood Collaborative

Ernestine Redd, School District of Philadelphia

Pat Redmond, Philadelphia Citizens for Children and Youth

Estelle Richman, City of Philadelphia

Christine Riddick, Philadelphia Department of Recreation

Barbara Rideout, MCP/Hahnemann

Lessette Rivera, The Preschool Project

Susan Robbins, Philadelphia Department of Public Health

Lola Rooney, YMCA of Philadelphia and Vicinity

Laurie Ryan, United Way of America

Ernestine Sanders, Health Center Three

Elise Schiller, National School and Community Corps

Lisa Schultz, Bright Start

Patricia Scott

Thomas Sheaffer, City of Philadelphia

Kineret Shakow, AEMC ABC Head Start

Gerry Shambaugh, Philadelphia Society for Services to Children

Lydia Shaw, DHS- Southwest Family Center

Suzanne Shewchek, Germantown YWCA Children's Center.

Cynthia Shirley, Children's Crisis Treatment Center

BEST COPY AVAILABLE

Cathy Shoenfelt, Holme Elementary School

Judith Silver, Children's Hospital of Philadelphia

Anthony Singleton, The Southwest Family Center

Deborah Sitrin, Department of Psychology

Jennifer Smeddy, Bright Start Child Care & Learning Ctr.

Chris Smith, Philadelphia Department of Public Health

Kelly Smith-Shepard, Pennsylvania SIDS Center

Serena Spearman, Serena's Little Angels

Marjorie Spotwood, Pennsylvania SIDS Center

Leanne Stanczak, Associated Day Care Services, Inc.

Elvira Stewart, Department of Recreation

Gillian Stickney Swann, Northwest Interfaith Movement

Mary Strasser, United Way of Southeastern Pennsylvania

Marni Sweet, Parent-Infant Center

Tonya Tate, The Southwest Family Center

Marita Taylor, Trevors Place

Betty Taylor

William Thomas, Women's Community Revitalization Project

Kasey Thompson, Julia de Burgos Family Center

Richard Tobin, Philadelphia Department of Public Health

Walter Tsou, M.D., Philadelphia Department of Public Health

Elaine Vaughn, Please Touch Museum

Sharon Ward, Philadelphia Citizens for Children and Youth

Diana Washington

Terry Waslow, PHMC Childlink

Cynthia Waters, South Phila. Momobile

Jane Wathome

Donna Weaver, PCCR - Northeast

David Webb, Philadelphia Department of Public Health

Kathryn Whitacre, The Office of Public Service Support

Cathy White, Strawberry Mansion Family Center

Denota Wilson, School District of Philadelphia

Charlene Wilson, United Communities

Jean Wisniewski, Baring House

Joyce Wright-Lamb, Head Start

Neydary Zambrano

Gaeton Zorzi, School District of Philadelphia

## TECHNICAL REVIEWERS

Jane Knitzer, Ed.D., National Center for Children in Poverty

Anne W. Mitchell, Early Childhood Policy Research

Margaret M. Stemmler, M.D.

## PROJECT CONSULTANTS

W. Steven Barnett, Ph.D., Rutgers, the State University of New Jersey

Rich Davis, Dixon/Davis Media Group

Suzanne Funk, St. Joseph's University

Barbara Goodson, Abt Associates, Inc.

Elizabeth Jaeger, Ph.D., St. Joseph's University

Cindy Lamy-Esposito, Rutgers, the State University of New Jersey

Jean Layzer, Abt Associates, Inc.

William Rosenberg, Ph.D., Drexel University

Julie Tarr, Ph.D., Rutgers, the State University of New Jersey

ML Wernecke, University of Pennsylvania

## PROJECT STAFF

Karen Kulp, Project Principal, United Way of Southeastern Pennsylvania

Harriet Dichter, Project Principal, United Way of Southeastern Pennsylvania and former City of Philadelphia

Rachel Estrada, United Way of Southeastern Pennsylvania

Susan Forman, United Way of Southeastern Pennsylvania

Amy Gendall, City of Philadelphia

Michelle Heyward, City of Philadelphia

Colleen McMillian, United Way of Southeastern Pennsylvania

Lise Reno, United Way of Southeastern Pennsylvania

Linda Rich, City of Philadelphia

Marlene Weinstein, United Way of Southeastern Pennsylvania

DESIGN: SK DESIGNWORKS/PHILADELPHIA



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To obtain copies of the Executive Summary, this Report or the Report Supplement, contact:

Richard Alexander, United Way of Southeastern Pennsylvania, 7 Benjamin Franklin Parkway,

Philadelphia, PA 19103, 215 665-2446, uwsepa@uwsepa.org

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**EXECUTIVE SUMMARY, NOVEMBER 2001**

A report of the Improving School Readiness Project

United Way of Southeastern Pennsylvania,

City of Philadelphia, School District of Philadelphia

# EARLY TO RISE: Improving the School Readiness of Philadelphia's Young Children

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## WHY SCHOOL READINESS MATTERS: THE PROBLEM

- **Success in School Impacts Success in Life:** Over half of Philadelphia public school students score in the bottom quarter on math and reading tests and only 61% of our high school students who enter ninth grade graduate after six years. Prospects for economic success diminish for children who don't complete high school: 46% of adults without a high school degree live in poverty compared to 14% with a high school degree or higher.
- **Children Who Start Kindergarten with Good Preparation Perform Well in School:** Young children who are ready for kindergarten do better, showing improved school attendance and achievement, social and emotional health, high school graduation, and participation in higher education.
- **Experience in the First Five Years of Life Profoundly Impacts School Success Later:** The science of brain research confirms the impact of early learning on future success.
- **With So Many Children Spending Their Years in Early Care and Education, We Can Improve Their School Readiness.** 71% of mothers of young children in Philadelphia are working, on average, 32 hours a week. 61% of mothers of one-year-old children are working.

Troubled by the prospect of our children failing and encouraged by the emerging science of brain development, the United Way of Southeastern Pennsylvania, in cooperation with the City of Philadelphia and School District of Philadelphia, took action. The Improving School Readiness Project conducted a year-long planning process, which included original research, community engagement, and extensive information gathering, to craft a bold action plan. Commissioned research included: *The Philadelphia 1000 Family Survey*, a random representative sample of 1000 families with children under 5; *The Philadelphia Child Care Quality Study*, a study of quality at over 200 centers, Head Starts, and all types of home-based early care and education; and *The Parenting Education and Support Review*, a study of the impact of parenting programs across the nation.

Early care and education, health care, and parenting support are the basic ingredients of improving school readiness. With high quality, appropriately focused services we can improve the ability of all of our children to succeed in school and in life.

# IMPROVING SCHOOL READINESS: THE FINDINGS

## Quality Early Care and Education Makes a Difference*

Thirty years of rigorous research has documented the impact of quality early education on positive school and life outcomes for children.

**Parents Say Quality Early Care and Education is Rare**

- 65% of Philadelphia parents report that affordable high quality child care is difficult to find; Latino, African-American and low-income parents are disproportionately affected. 75% of Philadelphia's young children have participated in an early care and education program before entering kindergarten. 37% of children 0-5 attend a center, 35% have parental care, 21% use relative care and 7% use non-relative care.

***Philadelphia Child Care Quality Study* Confirms Parental Concerns About Quality**

- While the individuals who work with young children are sensitive to them, the overall quality needed to support child health and safety as well as school readiness is minimal. 18% of center-based programs are good, 75% are minimally adequate, and 6% are inadequate. For family child care, our study found that 4% were good, 42% were minimally adequate, and 54% were inadequate. No program was excellent.

**High Cost to Parents, and Funding is Inadequate**

- Programs receive too little money to recruit, pay, and retain qualified professionals and to assure stimulating, caring learning environments for our youngest children. The average amount that a center receives per pre-schooler is $2.35 per hour. The underfunded Philadelphia schools operate with per pupil reimbursement of $6.27 per hour.
- Even though costs that parents pay do not adequately support the programs, they are high for parents. A Philadelphia parent of a pre-schooler pays an average annual fee of $5,512 per child, which is 19% percent of median family income.
- Early education programs seek other sources of funding besides fees, but few are successful. Only 7% of early care and education programs raise more than 10% of their income from sources other than fees.

*Early Care and Education is the main term used to describe the programs also known as early childhood education, child care, day care, Head Start, nursery school, or pre-school

## Good Health Is a Basic Element of School Readiness for Young Children

Unresolved health care needs can stall children's development, while preventive health care assists children in their readiness for school.

**Philadelphia Is Closing the Gap on Health Insurance for Young Children**

- Parents report that 97% percent of young children have health insurance.

**Use of the Emergency Room for Routine Health Care Is Still High**

- 96% of Philadelphia families with young children report that they take their children to a regular source of routine health care. 63% use a doctor's office, 18% visit a doctor in a hospital, 11% go to the emergency room, 6% use community health centers, and 2% visit city health centers.

**Basic Health Resources Are Sufficient, but Health Status of Philadelphia Children Is Far from Ideal**

- Lead poisoning and asthma are critical problems. 11% of Philadelphia parents report that their young children have asthma. 16% of children screened have lead poisoning, which can impair thinking and learning.
- Experts report an inadequate supply of dentists to serve low-income children. One-third of 3 & 4 year old Philadelphia children have never seen a dentist.

## Parents Are Critically Important to Improving School Readiness

Parents have the potential to be the best advocates in our community for school readiness.

**Limited Effects of Parenting Programs Demand Creative Approaches**

- *The Parenting Education and Support Review* found that parenting programs have a limited effect on parent knowledge about child development; their behavior with children; family functioning; children's social, emotional, and cognitive development; school performance; or child safety.

**What Does Work in Parenting Programs**

- *The Parenting Education and Support Review* found more positive outcomes with use of professional staff, opportunities for parents to meet in support groups, and targeting of parents who have identified special needs in their children. *The Review* recommends use of high-trust, low-stigma settings for parenting support.

**What Philadelphia Parents Want for Parenting Education and Support**

- 20% of Philadelphia parents of young children participate in parent support programs. 68% say they are interested in and want programs provided in safe, trusting community institutions such as churches, mosques, and synagogues; early care and education centers; and doctors' offices.



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## IMPROVING SCHOOL READINESS: KEY RECOMMENDATIONS

The Planning Committee for The Improving School Readiness Project made the improvement of early care and education its number one priority. Parents agree. The Philadelphia 1000 Family Survey found that parents of young children overwhelmingly support improving early education opportunities for all young children:

- 85% of parents of young children support programs directed at all families with young children, regardless of income, that would raise educational standards for child care and preschool programs.
- 82% believe it is important for low-income children to attend high-quality child care to succeed in school and 82% value Head Start and support expansion.

Recommendations are made in five areas: early care and education; heath care; public engagement of parents; parent involvement, education, and support; and systems coordination. Early implementation should be targeted to Philadelphia's lowest-income children. These recommendations would require an initial investment of $560 million in years 2002-2005 and $980 million in years 2005-2010. Costs have only been estimated where adequate information is available to inform their development. Supporting detail is found in the Final Report and the Report Supplement.

## CORE AREA: EARLY CARE AND EDUCATION

Philadelphia's early care and education settings need significant resources to improve quality. The following recommendations are intended to strengthen both center and home based care so that parents and the community have high quality options for our children.

| Recommendations and Strategies | Cost | Community Responsibility |
|---|---|---|
| **1. Improve the quality of early care and education for all Philadelphia young children, birth to five.**<br><br>Promote use of standards and accountability to improve overall program quality, using accreditation and the ECERS/ITERS evaluation tool.<br><br>Tie public investment to improved quality performance.<br><br>Strengthen the capacity and stability of early care and education technical assistance organizations.<br><br>Improve the education and retention of early care and education teachers, including the expansion of the existing scholarship program known as T.E.A.C.H..<br><br>Simplify Pennsylvania's Child Care Works program. | 2002-05<br>$27.3 million<br><br>2005-10<br>$107.8 million | **Implementers:**<br>Early care and education programs, early care and education technical assistance programs, institutions of higher education, public sector<br><br>**Funders:**<br>Public and private sectors |
| **2. Provide early learning activities for young children in relative/neighbor and home-based care by creating a new Philadelphia "playschool" initiative.** | 2002-2005<br>$6 million<br><br>2005-2010<br>$60 million | **Implementers:**<br>Early care and education programs, multi-service community organizations<br><br>**Funders:**<br>Public and private sectors |
| **3. Make pre-school programs available for all 3 and 4 year olds.** | 2002-2005<br>$468.6 million<br><br>2005-2010<br>$781 million | **Implementers:**<br>Public and private sectors<br><br>**Funders:**<br>Public, private sectors and parents |

## Recommendations (continued)

CORE AREA: EARLY CARE AND EDUCATION *(continued)*

| Recommendations and Strategies | Cost | Community Responsibility |
|---|---|---|
| **4. Maximize financial resources to existing early care and education programs.**<br><br>Create a business support entity to improve access to operating support and capital for renovation and expansion. | **2002-05**<br>$1.5 million<br><br>**2005-10**<br>$3 million | **Implementers:**<br>Business development organizations in conjunction with early care and education programs<br><br>**Funders:**<br>Public and private sectors |

### CORE AREA: HEALTH CARE

These recommendations build on the strides that have been made in health care coverage for young children, recognizing that we will still need to insure 100 percent of Philadelphia's young children, assure access to health care, and improve the health status of all children.

| Recommendations and Strategies | Cost | Community Responsibility |
|---|---|---|
| **1. Target health insurance outreach, enrollment and service efforts to uninsured children, particularly Medicaid-eligible children and those whose families face barriers (such as language/cultural issues).**<br><br>Merge the application for Medicaid/CHIP with the application for Child Care Works, the state's subsidized child care program, and WIC, the federally funded child nutrition program.<br><br>Broaden the number of organizations actively engaged in enrolling uninsured young children in health insurance and assisting their families in maintaining their insurance status and using health services.<br><br>Ensure that all eligible young children at the City's district health centers apply for and receive appropriate insurance coverage. | **2002-05**<br>$2.8 million<br>(Exclusive of administrative costs that would be borne by the state.)<br><br>**2005-10**<br>$2.25 million<br>(Since Medicaid and CHIP costs fluctuate with the economy this number is incomplete.) | **Implementers:**<br>Commonwealth of Pennsylvania, community organizations, health care providers, research organizations, health care insurers<br><br>**Funders:**<br>Public and private sectors |

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## Recommendations (continued)

CORE AREA: HEALTH CARE (continued)

| Recommendations and Strategies | Cost | Community Responsibility |
|---|---|---|
| Develop and implement a study to identify which insured and uninsured children are not able to access basic primary care, in order to better serve them. | | |
| **2. Increase lead poisoning prevention and hazard removal activities.** | **2003-05**<br>$9.9 million<br><br>**2005-10**<br>(Ongoing costs would relate to the initial success of the effort.) | **Implementer:**<br>City of Philadelphia<br><br>**Funders:**<br>Public and private sectors |
| **3. Target at-risk children for preventive dental hygiene and early dental care, beginning at age one.**<br><br>A focus of the School Readiness Specialists (see Parent Involvement, Engagement and Support recommendations on page 9) located in health care settings will include dental care.<br><br>Enhance outreach and training to engage more general dentists in providing services under Medicaid and more parents in getting early dental care for their children. | **2002-05**<br>$4.95 million<br><br>**2005-10**<br>$8.25 million | **Implementers:**<br>Commonwealth of Pennsylvania; pediatric and dental community; local dental society<br><br>**Funders:**<br>Public and private sectors |

### CORE AREA: PUBLIC ENGAGEMENTS OF PARENTS

Parents can be the strongest advocates for school readiness services. These recommendations are geared to mobilizing parents to promote school readiness for their own children and to take action.

| Recommendations and Strategies | Cost | Community Responsibility |
|---|---|---|
| **1. Invest in a community education campaign to inform parents about critical school readiness services and how their parenting role is part of school readiness.** | **2002-05**<br>$6 million<br><br>**2005-10**<br>$5 million | **Implementers:**<br>Non-profit sector<br><br>**Funders:**<br>Private and public sectors |



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## Recommendations (continued)

*CORE AREA: PUBLIC ENGAGEMENTS OF PARENTS (continued)*

| Recommendations and Strategies | Cost | Community Responsibility |
|---|---|---|
| Launch public engagement campaign to help influence the environment for change in Pennsylvania. | | |
| 2. Engage parents as advocates for improved school readiness services for their children. | 2002-05<br>$1.9 million<br><br>2005-10<br>$3.2 million | Implementers:<br>Non-profit sector<br><br>Funders:<br>Private sector |

### CORE AREA: PARENT INVOLVEMENT, EDUCATION AND SUPPORT

Parents want and deserve support in raising their children. These recommendations propose innovative steps to meet this need.

| Recommendations and Strategies | Cost | Community Responsibility |
|---|---|---|
| 1. Engage parents about child development through school readiness/child development specialists in high trust, low stigma settings such as health care practices, early care and education settings and communities of faith. | 2002-05<br>$29.7 million<br><br>2005-10<br>(Ongoing costs would relate to the initial success of the effort.) | Implementers:<br>Early care and education programs, pediatric health care programs, and other community-based organizations delivering services to families with young children in high-trust, low-stigma settings<br><br>Funders:<br>Public and private sectors |
| 2. Incorporate parenting and child development curriculum in schools. | 2002-05<br>$600,000<br><br>2005-10<br>$8.5 million | Implementers:<br>Schools in conjunction with child development experts<br><br>Funders:<br>Public and private sectors |
| 3. Provide parenting practitioners with systematic training and evaluation of their impact.<br><br>The City's Department of Human Services will provide leadership for implementation. | 2002-05<br>$750,000<br><br>2005-10<br>$1.25 million | Implementers:<br>City of Philadelphia<br><br>Funders:<br>Public sector |



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## Recommendations (continued)

### CORE AREA: SYSTEMS COORDINATION

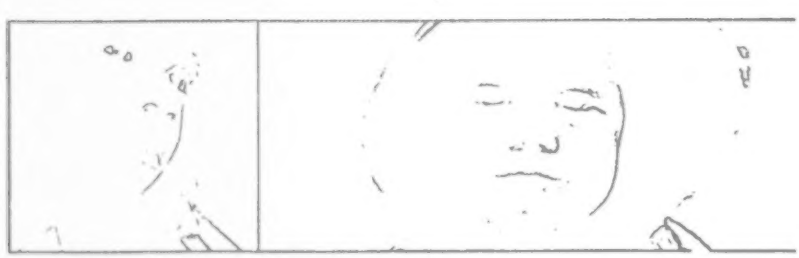
Throughout the community forums that were held as part of the planning process, participants identified a number of coordination of services problems that they stressed require concerted work to resolve. While the limitations of this project did not allow us to address these concerns in depth, we have included several recommendations that require additional analysis, planning, and action.

1. **Develop a strategic action plan to integrate and coordinate Head Start and child care programs, taking advantage of the strengths of each.**

2. **Develop a strategic action plan to improve the linkages between Early intervention services, Behavioral Health services, physical health services and early care and education services for young children.**

3. **Promote cross-disciplinary training for early childhood professionals, including physicians, nurses, social workers, early care and education teachers, and psychologists.**

4. **Create a formal process to assist children in the transition from early care and education to kindergarten.**



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To obtain copies of the Executive Summary, this Report or the Report Supplement, contact:

Richard Alexander, United Way of Southeastern Pennsylvania, 7 Benjamin Franklin Parkway,

Philadelphia, PA 19103, 215 665-2446, uwsepa@uwsepa.org

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